



# ACH OWNER PAYMENT ENROLLMENT FORM

Date

**Please complete in full and include a voided check and either email to [royaltyaccounting@sanchezog.com](mailto:royaltyaccounting@sanchezog.com) or mail to Royalty Accounting Dept. 1000 Main St., Suite 3000, Houston, TX 77002.**

I hereby authorize Sanchez Oil & Gas Corporation to initiate credit entries to our bank account noted above via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until the Sanchez Oil & Gas Corporation has received written authorization from the undersigned terminating or changing this authorization.

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## Type of Request

New Enrollment

Correction/Change

Cancellation

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## Owner Information

Owner Name

EIN or SSN

Owner Number

Phone

Address

Email

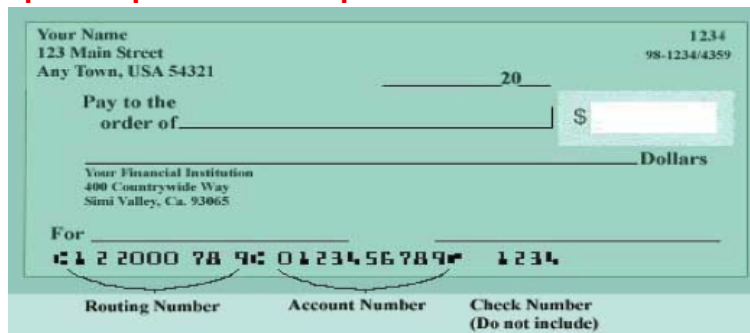
City, State, Zip

Contact Name

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## Required Information

**\*A voided check must be included with this form. Forms received without a voided check will be considered incomplete. Deposit slips are not accepted.**



**If checks are not available, please attach this form to a company letterhead with your bank name, routing number and account number.**

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## Financial Institution Information:

Financial Institution Name

Address

Routing Number  
(9 Digits)

Account Number

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Owner Name

Owner Signature

Date