



## ACH Direct Deposit Authorization Enrollment

Request Type: (Check One): New Application: \_\_\_ Change: \_\_\_ Cancel: \_\_\_

**ENROLLMENT OPTIONS: (Please complete all fields)**

- 1) **ONLINE:** [www.aethonenergy.com](http://www.aethonenergy.com), Owner Relations tab to submit your request **(PREFERRED)**
- 2) **EMAIL:** Submit completed form below to [ownerrelations@aethonenergy.com](mailto:ownerrelations@aethonenergy.com)
- 3) **MAIL: (PLEASE ALLOW 90 DAYS FOR THIS REQUEST TO BE COMPLETED)**

Aethon Energy  
Attn: Owner Relations  
12377 Merit Drive, Suite 1200  
Dallas, TX 75251

**The undersigned hereby elects to participate in ACH direct deposit for all future revenue distributions.**

Aethon's Owner number (6 Digits): \_\_\_\_\_

Address: \_\_\_\_\_

Printed Name(s) as shown on your Aethon Energy account: \_\_\_\_\_

By signing below, I authorize Aethon Energy and my bank to electronically deposit my payment to the bank account specified below. I understand that this authorization will remain in effect until I notify Aethon Energy by completing a **new** Direct Deposit Enrollment Form canceling or changing my information. Forms may be obtained by contacting Aethon Energy at the address below. Please sign and return the form. If you have a joint Aethon Energy account, both interest owners must sign.

Signature: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please attach an image of a voided check or bank letter (REQUIRED)**

Account for deposit (check one):      Checking                       Savings

Name(s) on Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Nine (9) Digit Bank Routing Number (ABA Number) \_\_\_\_\_

Account Number: \_\_\_\_\_

For questions or concerns please contact [ownerrelations@aethonenergy.com](mailto:ownerrelations@aethonenergy.com) at 214-750-1522, Option #3