



110 N. Marienfeld Street |  
Midland, Texas 79701 |  
**Office:** 432.687.1575 |  
**Fax:** 863.246.0114, **REVENUE DEPT.** |  
**E-Mail:** [RevenueHelp@eeronline.com](mailto:RevenueHelp@eeronline.com) |

## **Instructions for Completing an Authorization Agreement for EFT**

(NOTE: New EFTs generally take 30-60 days to process.)

1. Change contact name, phone number or e-mail--Check this box if you wish to have this information updated.
2. **General Instructions:**  
**Owner #:** This five-digit number is found at the bottom, left-hand corner of your check stub &/or on the upper right-hand corner of your monthly detail. (Also referred to as Owner Code or Payor ID)
3. **SECTION I:**
  - a. **CONTACT NAME:** You or the person who is **legally authorized** for us to contact or to call on your behalf ((Such person **MUST ALSO** be listed in your Owner Record to receive information from us.)
  - b. **NAME ON ENDEAVOR ACCOUNT:** Individual Name, Company Name, Name of Trust, ssp, etc.
  - c. **ADDRESS (Include City, State, and Zip Code):** Please write the address from your Division Orders.
  - d. **CONTACT PHONE NUMBER:** Write your 10-digit home or cellphone number.
  - e. **E-MAIL ADDRESS (if available):** Write your e-mail address so that we may contact you as necessary.
  - f. **Soc. Sec. No. or Tax ID:** This **MUST** be the same number from your division orders to get your direct deposit request processed.  
**\*\*\*\*\* EFT's CANNOT be processed without a matching SS# or Tax ID. \*\*\*\*\***
4. **SECTION II:**  
**SPECIFY ACCOUNT TYPE:** Mark the appropriate box.  
**FINANCIAL INSTITUTION:** Write the name of your bank, credit union, or other banking entity.  
**NAME ON ACCOUNT:** If your bank's account name or business **is different** than your Endeavor Owner Name, we will need a Letter of Explanation for safety reasons. **We cannot deposit owner royalties into the account of a trustee or POA.**  
**FINANCIAL INSTITUTION ADDRESS:** Self-explanatory.  
**CITY/ STATE/ ZIP Code:** Self-explanatory.  
**BANK ACCOUNT NUMBER:** Must not exceed 17 digits.  
**ROUTING NUMBER:** Write in your financial institution's 9- digit ACH Routing Number.  
**OWNER SIGNATURE:** **MUST** be the signature of the person whose name appears on the account.  
**AUTHORIZED SIGNATURE:** Must be signed by either a Power of Attorney (POA) or a Trustee, etc. **(Such person must also be listed in your Owner Record for your EFT to be processed.)**
5. **General--You MUST** attach either:
  - a. a CURRENT, pre-printed voided check for a checking account, **OR:**
  - b. your financial institution's Direct Deposit Authorization form for a savings or other type of account **so that we may efficiently process your EFT form and avoid a delay in distributing your funds by ACH Payment.**
6. **Temporary Checks OR Deposit Tickets are not acceptable.**
7. **OWNER ADDRESS VERIFICATION IS REQUIRED FOR SAFETY REASONS.**  
Therefore, if the address on your voided check differs from our records (the address you provided for your division orders), then **you must include a short, written statement explaining why it's different** (i.e., a PO Box vs. your physical address, your business address vs. your residential address, etc.).
  - a. **The Owner Name/Name on your Account AND Address MUST be pre-printed on your voided check and/or included on your financial institution's Direct Deposit Authorization form for owner verification & safety purposes.**
  - b. **If ONLY your name appears on your voided check, then you MUST provide the first page (containing the account name and address) of your current bank statement to verify that your bank account address matches our records.**

To view your Oil and Gas Revenue Payments, sign up for ACH/Direct Deposit, change your address, or opt out of receiving paper statements, please login to EnergyLink at [www.EnergyLink.com](http://www.EnergyLink.com) . For registration assistance, please contact the EnergyLink support team at <https://www.energylink.com/contact> . For any additional forms, please visit [www.endeavorenergylp.com/owners](http://www.endeavorenergylp.com/owners) .

Sincerely,

ENDEAVOR ENERGY RESOURCES, LP  
[RevenueHelp@eeronline.com](mailto:RevenueHelp@eeronline.com)

# AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)



RETURN BY MAIL TO:

ATTN: Revenue Department  
110 N. Marienfeld  
Midland, TX 79701

OR E-MAIL TO: [RevenueHelp@eeronline.com](mailto:RevenueHelp@eeronline.com)

OR FAX TO: (863) 246-0114

ATTN: Revenue Department

Please Check Appropriate Box:

- New/Initial EFT account**
- Changed EFT Bank/Account Information
- Change Contact Name or Phone Number

(Type or Print in Ink)

**OWNER# \_\_\_\_\_ (Five Digits)**

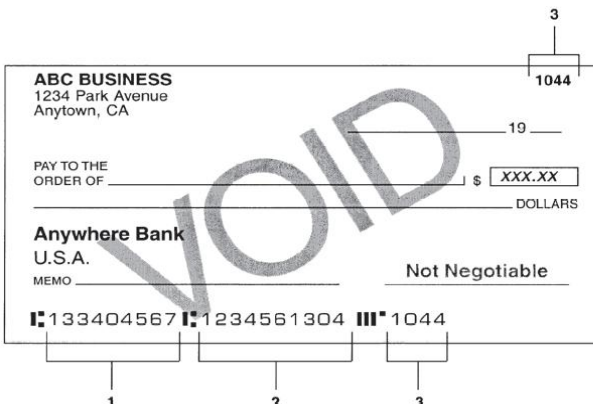
SECTION I		For Office Use – CODE
CONTACT NAME	Entered _____	ACH _____
NAME ON ENDEAVOR ACCOUNT (Individual, Company, Trust)	Entered by _____	Owner _____
	Initials _____	Chg'd Min _____
ADDRESS (include City, State, & Zip Code)	CONTACT PHONE NUMBER	
E-MAIL ADDRESS (if available)	Soc. Sec. No. or Tax ID (MUST match Owner Record)	

SECTION II		
<p>Endeavor Energy Resources, LP is hereby requesting authority from the above-named individual/entity to initiate ACH credit transactions to the below-named bank account. This ACH authorization is valid from the effective date hereof until such time as this authorization is terminated <u>in writing</u> by the undersigned. The person whose name appears below indemnifies and hereby holds harmless the named financial institution of any and all claims made or asserted by either party hereto. This authorization may be assigned in whole to a third party without notice to any party to this agreement.</p>		
FINANCIAL INSTITUTION	<b>SPECIFY ACCOUNT TYPE:</b> <input type="checkbox"/> CHECKING  <input type="checkbox"/> SAVINGS	
NAME ON ACCOUNT (Must be the same as the Endeavor Owner Name)		
FINANCIAL INSTITUTION ADDRESS		
CITY STATE		
BANK ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)	ROUTING NUMBER (REQUIRES 9 DIGITS)	
OWNER SIGNATURE (MUST be the Owner or Name on Account)	TITLE	DATE
AUTHORIZED CO-SIGNATURE (If applicable)	TITLE	DATE

**Important: Temporary/Handwritten Checks OR Deposit Slips ARE NOT ACCEPTABLE. The Owner's Name AND Current\* Address MUST appear on Voided Check. (See other side for more information on Pre-printed Checks.)**

Attach **a pre-printed voided check OR your financial institution's Direct Deposit form for a savings account &** return your completed form as listed above. If your account is for deposits ONLY and no checks are available, please submit your financial institution's Direct Deposit Form for ACH deposits. New EFTs generally take 60-90 days for processing from the date received. **Incomplete forms will cause a longer delay in processing your request. Please keep a copy for your records.**

The example below of a voided check indicates where to locate the routing number and bank account number, which are needed for verification of your financial institution; this information will avoid delays in receiving your ACH payment.



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

By signing below, I hereby request that Endeavor reduce my Minimum Suspense release amount from \$100 to \$50.

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**Did you remember to:**  
(Please X when done)

- Write in your five-digit Owner #?
- Write your SS# or Tax ID/EIN?
- Attach a **voided check OR** your bank's ACH/Direct Deposit Form?
- Sign your form?

**Thank you for selecting Direct Deposit!!**