

****IMPORTANT: You must complete the following for your payments to be electronically deposited**



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

New	Change	Cancel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Please note all sections of the form must be filled out legibly and completely

OWNER INFORMATION

OWNER NAME	OWNER #
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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IRS TAXPAYER ID (FEIN, SSN)	TELEPHONE
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EMAIL ADDRESS

Bank Account type (check one box): Checking Savings

Attach an original voided check in the space below. Photocopies or deposit slips are not acceptable. The name on the check must match the name provided at the top of this form.

Please attach the original voided check here or add as a second page

Return completed form to:
Oklahoma Petroleum Allies LLC
333 W Main Street, Ste 380
Ardmore, OK 73401
For questions contact: Revenue Distribution Dept ~ via:
Email: bthomas@opamarketing.com
Phone: 580-226-6777
Fax: 580-223-3704

I authorize Oklahoma Petroleum Allies LLC and my financial institution referenced above to electronically deposit my payment to the account specified. This authority will remain effect until I have filed a new authorization. I understand that I can change my account or financial institution arrangement by completing a new Electronic Funds Transfer Authorization Agreement form available from Oklahoma Petroleum Allies LLC Revenue Department.
NOTE: If multiple owners are listed on the account we require both owner signatures.

_____	_____	_____
Print Authorized Name	Authorized Signature	Date
_____	_____	_____
Print Authorized Name	Authorized Signature	Date

****Changes to existing ACH set up will require verbal confirmation****

Office Use Only

_____	_____	_____
	Verified by:	Date