



ACH Enrollment/Change Authorization Form

Entity Information

Legal Entity Name: _____ Date: _____

DBA Name: _____

Mailing Address: _____
Street Address

City State ZIP Code

Physical Address: _____
Street Address

City State ZIP Code

Phone Number: _____ Remit to Email: _____

ACH Details

Name on Bank Account: _____ Routing Number: _____

Bank Account Number: _____ Bank Name: _____

Account Type: Checking Savings Other
Bank Address: _____

Disclaimer and Signature

I hereby authorize Longfellow Energy, LP ("Longfellow") to make electronic funds payments via ACH to my bank account listed above. Further, I agree not to hold Longfellow responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account. This authorization remains in effect unless 30 days written notice is received by Longfellow from the undersigned requesting termination or changes.

Authorized Signature: _____ Date: _____

Return Instructions

For your security, we require you to complete all fields on the form above before we will make changes to your vendor account. Please complete and return this form and any required documentation to Longfellow Energy via the instructions below.

NOTE: A voided check or letter from your financial institution must be included for your application to be processed.

MAIL:
Longfellow Energy, LP
Attn: Treasury Department
P.O. Box 1989
Addison, TX 75001

EMAIL:
treasury@riatacg.com