FONTAINEBLEAU
Operating, L.L.C.

ACH Direct Deposit Authorization Enrollment

Request Type (Check One): New Application:____ Change:___ Cancel:___

ENROLLMENT OPTIONS: (Please complete all fields)

- **EMAIL:** Submit completed form below to: revenue@stroudexploration.com
- **MAIL: (PLEASE ALLOW 60 DAYS FOR THIS REQUEST TO BE COMPLETED):**

Fontainebleau Operating LLC
PO Box 565
Shreveport, LA 71162

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

Fontainebleau Owner number _____

Address_____

Printed Name(s) as shown on your Fontainebleau Operating account_____

By signing below, I authorize Fontainebleau Operating 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 Fontainebleau Operating by completing a new Direct Deposit Enrollment Form canceling or changing my information. Forms may be obtained by contacting Fontainebleau Operating at the address below. Please sign and return the form. If you have a joint Fontainebleau Operating account, both interest owners must sign.

Signature:_____ Date :_____

Joint Signature:_____ Date:_____

Contact Phone:_____ Email:_____**(required)**

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:_____

416 Travis Street, Suite 600 ♦ Shreveport, Louisiana 71101
Post Office Box 565 ♦ Shreveport, Louisiana 71162-0565
(318) 425-0101 ♦ Fax (318) 425-2211