STROUD Petroleum, Inc.

ACH Direct Deposit Authorization Enrollment

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

ENROLLMENT OPTIONS: (Please complete all fields)

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

   Stroud Petroleum Inc.
   PO Box 565
   Shreveport, LA 71162

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

Stroud Petroleum Inc. Owner number _____

Address_____

Printed Name(s) as shown on your Stroud Petroleum account_____

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