

## **ELECTRONIC FUNDS TRANSFER (ACH) FORM**

I hereby authorize Van Buren Energy, LLC to make electronic funds payments via ACH to my bank account. This authorization remains in effect unless 30 days written notice is received by Van Buren Energy, LLC from the undersigned requesting termination or changes. By signing this form, I acknowledge that the information will be updated for all entities managed by Flywheel Energy Management, LLC entities.

Request Type:New ApplicationRequest	ChangeRequest Cancellation
Owner Name:	
Owner Number:	TIN or SSN #Phone:
) Email:	
DLD Banking Info	ıgs
account Type:	
	Account Number:
EW Banking Inf Checking Saving ccount Type:	gs
ank Name:	
-Digit Routing Number:	Account Number:
please allow up to two payment cycles for proce	fficial bank document verifying account information. Also essing, you will continue to receive a check while we proc a Trust, the bank account name must match the Trust nically to a Trustees' personal account.
Dual Signature	es required for dual accounts
Signature:	Signature:
Print Name:	Print Name:
Date:	Date:

PO Box 3351 Oklahoma City, OK 73101 ownerrelations@vanburenenergy.com