

Sanguine Gas Exploration, LLC

DIRECT DEPOSIT APPLICATION FORM

I HEREBY AUTHORIZE SANGUINE GAS EXPLORATION LLC TO DEPOSIT THE PROCEEDS OF MY REVENUE CHECK DIRECTLY INTO THE BANK ACCOUNT NOTED BELOW VIA ELETRONIC FUNDS TRANSFER (DIRECT DEPOSIT VIA ACH) THIS AUTHORIZATION WILL REMAIN IN FORCE UNTIL SANGUINE GAS EXPLORATION LLC HAS RECEIVED WRITTEN AUTHORIZATION FROM THE UNDERSIGNED TERMINATING OR CHANGING THE AUTOORIZATION.

APPLICANT INFORMATION

Owner Name:

Owner Code (Located on check detail) If unknown provide last 4 digits of SSN or TIN

XXX-XX-_____

E-mail Address:

Must provide email for enrollment. Revenue Check Detail will be sent by email once you are enrolled.

Address:

City:

State:

ZIP Code:

Phone Number:

PLEASE ATTACH VOIDED CHECK TO APPLICATION FORMS. RECEIVED WITHOUT VOIDED CHECK WILL BE CONSIDERED INCOMPLETE.

Financial Institution Name:

Routing Number (9 digits)

Name of Account Holder:

Account Number:

Account Type

Checking
Savings

Owner Signature:

Date:

PLEASE MAIL COMPLETE AND SIGNED FORM TO:
SANGUINE GAS EXPLORATION LLC
ATTN: DIRECT DEPOSIT
P. O. BOX 700720
TULSA, OK 74170-0720

EMAIL REVENUE@SGE-TULSA.COM FAX 918-576-7557