



REVENUE PAYMENT
ACH Direct Deposit Authorization/Enrollment Form

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

Owner number: _____

Printed Name(s) as shown on your MD America Energy account: _____

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

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Daytime telephone Number: (____) _____ * E-mail Address: _____

* _____ (please initial) By initialing, I authorize my statements to be sent to my email if provided.

Account for deposit (check one): [] Checking [] Savings
IF ACCOUNT IS "CHECKING", ATTACH A COPY OF A VOIDED CHECK

Name(s) on Account: _____

Name of Financial Institution: _____

Nine (9) Digit Bank Routing Number _____
(ABA number)

Account Number: _____

Please return your information by:

US Mail:
MD America Energy, LLC
Attn: ACH Setup Team
4849 Greenville Ave #1250
Dallas, TX 75206

Email:
mdae@OGBS.BIZ

If any questions or concerns about ACH setup, please contact the
Division Order Department at via email mdae@OGBS.BIZ

PLEASE ALLOW 90 DAYS FOR THIS REQUEST TO BE COMPLETED.