

Direct Deposit Enrollment Form

I hereby authorize BKV Operating, LLC and its affiliates to make electronic funds payments via ACH/direct deposit to the below bank account. This authorization will remain in effect for BKV Operating, LLC and its affiliates, if available, until 30 days after written notice is received by BKV Operating, LLC from named individual and or entity requesting termination or changes. By electing to receive ACH/Direct Deposit, you will no longer receive paper checks.

ALL FIELDS MUST BE COMPLETED FOR ACCEPTANCE

ACH/Direct Deposit Paper Checks

Individual/Entity Name: _____

Business Associate/Owner Number: _____

Phone Number: _____

email: _____

Bank Name: _____

Bank Branch Name: _____

Bank City: _____

Bank State: _____

Bank Zip code: _____

ABA Routing Number: _____

Bank Account Number: _____

Social Security Number/TIN: _____

Account Type: Checking Savings

Signature: _____

Print: _____

Date: _____

Attach/Include Voided Check Here.