

**PRESIDIO PETROLEUM LLC**  
500 W 7<sup>TH</sup> St. Suite 1500  
Fort Worth, TX 76102  
ATTN: [owner.relations@presidiopetroleum.com](mailto:owner.relations@presidiopetroleum.com)



**AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER PAYMENT**

The undersigned, hereinafter called "owner", representing that they are the owners of an oil, gas and/or mineral interest that is currently paid by Presidio Petroleum LLC. Owner is now authorizing Presidio Petroleum LLC to make direct deposit (EFT) payments for their owned interest to the financial institution and owner account as designated below.

Owner agrees that electing to participate in EFT payments will not amend any lease agreements between Presidio Petroleum LLC and Owner. This agreement simply allows for EFT payments in lieu of paper check payments.

Owner agrees to give at least thirty (30) days advance written notice of any change in the payment instructions shown below. Owner agrees that any changes to their mailing address will continue to be submitted in writing to Presidio. This is required so that the EFT payment details are delivered to the correct mailing address. Owner agrees that Presidio will not be held liable for any interest or other claim arising as the result of Owner's failure to provide written notice of any payment instruction changes. Owner also releases and agrees to indemnify and hold Presidio harmless for any loss, claim, damage or interest incurred as the result of Owner's depository institution's failure to properly or promptly post any EFT payment and/or as a result of any error or omission in the payment instructions provided by or on behalf of Owner. Owner understands and agrees that Presidio will have up to sixty (60) days after receipt of the authorization form to process the EFT request.

**PLEASE COMPLETE THE ENTIRE FORM TO AVOID DELAYS**

DEPOSITORY INSTITUTION:
DEPOSITORY ADDRESS:
NAME ON ACCOUNT:
DEPOSITORY INSTITUTION ABA ROUTING NUMBER (9 DIGITS):
ACCOUNT NUMBER: (MAXIMUM 18 DIGITS)
ACCOUNT TYPE: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

\_\_\_\_\_  
Your Owner Number on Presidio Issued Checks

\_\_\_\_\_  
Tax Identification or Social Security Number

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature of Owner/ Authorized Representative

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
Title (If Corporation or Business Association)

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Complete Phone Number and email address

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT TO WHICH PAYMENTS WILL BE DEPOSITED**