



EPIC ENERGY, LLC

DIRECT DEPOSIT FORM

Oil/Gas Revenue Payments

*****To use Direct Deposit you must receive Revenue and JIB Statements via email. No paper copies will be mailed*****

[]	[]	[]
NEW Application	CHANGE	CANCEL

*****For your protection, please note that ALL five sections below must be completed*****

FIRST* - Print the Owner Name, Owner Mailing Address, Owner and TIN or Social Security Number

Owner Name	Owner Number (7 Digits)	TIN or Social Security Number	
Owner Mailing Address	City/State	Zip Code	*****EMAIL ADDRESS*****

SECOND* - Select the Owner's Account Type (Check one):

CHECKING	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	ADDRESS CHANGE:	<input type="checkbox"/>	Y/N
----------	--------------------------	---------	--------------------------	-----------------	--------------------------	-----

THIRD* - EITHER A) ATTACH AN ORIGINAL VOIDED CHECK With the name matching that entered at the top of this form:

OR (B) TAKE THIS FORM TO YOUR FINANCIAL INSTITUTION - your financial institution's ACH direct deposit personnel **MUST** provide the information below and match it with the name and TIN or Social Security Number (#1 above) to ensure there no delay due to incorrect bank routing information.

Bank Routing (ABA) Number (9 digits):	Name of Financial Institution:
Checking or Savings Account Number	Bank Representative Name & Signature:
Date:	Telephone:

FOURTH* - Sign and date the enrollment form:

I hereby authorize EPIC Energy, LLC and my financial institution referenced below to electronically deposit my payment to the account specified. This authority will remain in effect until I have files a new authorization. I understand that I can change my account or financial institution arrangement by completing a new Direct Deposit form available from EPIC Energy, LLC.		
Owner's Signature	Date	Daytime Phone Number

FIFTH* - Mail completed form to: **Epic Energy LLC**
332 Rd 3100
Aztec, NM 87410

OR Email to: accounting@walsheng.net
Attn: EPIC Accounting