

Verado Energy, Inc Electronic Funds Transfer (EFT/ ACH) Enrollment Application

Revenue Owner #:	
Payee Name:	
Address:	
Phone #:	
SSN/ FED Tax ID:	E-Mail:

The Undersigned agrees that Verado Energy, Inc. may reverse any electronic payment that is determined to be fraudulent, duplicate, or made in error. Such payee further agrees that the authorization of EFT/ACH is evidence by the signature below amends your existing payment instructions to Verado Energy, Inc. In the event that the EFT is unable to be processed (due to closure or abandonment of an account, inaccurate account information, force majeure, etc.) Verado Energy, Inc. will resume making payments to the undersigned by check. Please note that the electronic payment will not begin until account information is verified and tested by Verado Energy, Inc. Thus, the first EFT/ACH will be a test and the associated payment will continue by check.

Payment detail will be sent to the E-mail on file or listed above.

Payee agrees to give Verado Energy, Inc. thirty (30) days advance notice (written or email) of any changes in the payment instructions below. I hereby agree to the terms enumerated herein, certify that the depository information listed below is true and authorize Verado Energy, Inc. to issue payments to me electronically.

Signature:	Signature:
Print Name:	_ Print Name:
Date:	(If joint account, signature of both parties required)
Bank Name (as it appears on check):	
ABA/ Routing #:	Bank Account #:
Account Type: Checking Savings	Account Class: Business Individual

ATTACH A VOIDED CHECK COPY TO THIS FORM. If no check copy can be provided, please obtain an account verification letter from your bank. Forms without a check copy or verification letter will NOT be processed.

Return your completed form to: E-Mail: <u>revenue@veradoenergy.com</u>

US Mail: Verado Energy, Inc Attn: Revenue Dept. P.O. Box 70 Allen, TX 75013 For additional information or assistance, please contact us at 214-368-5322