

Electronic Funds Transfer (EFT) Payment Enrollment/Change Request

NEW APPLICATION

CHANGE

CANCEL

Owner/Company Name: _____

Owner #: _____ SSN/Federal Tax ID: _____

Company Title: _____ Phone#: _____

Address: _____

Check box if you wish to change the address currently on file with the address listed above.

To receive payment detail via email in lieu of US Mail, please provide an email address.

The undersigned owner agrees that Enduring Resources, LLC may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such owner further agrees that authorization of EFT as evidenced by the signature below amends your existing payment instructions to Enduring. In the event that the EFT is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.) Enduring Resources, LLC will resume making payment to you by check. Please note you will continue to be paid by check while your account information is tested in our system.

Owner agrees to give Enduring Resources, LLC thirty (30) days advance written notice of any change in the payment instructions below. I hereby agree to the terms enumerated herein, certify that the depository information listed below is accurate and authorize Enduring Resources, LLC to issue payments to me electronically.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____

If a joint account, signatures of both parties are required.

Financial Institution Name: _____

Bank Account #: _____ ABA/Routing# _____

Account Type: Checking Savings

AND

Account Class: Business Individual

JOAN DOE	1234
123 MAIN STREET	
ANYWHERE, USA 54321	SAMPLE CHECK
	DATE _____
PAY TO THE	
ORDER OF _____	\$ _____
	_____ DOLLARS
YOUR FINANCIAL INSTITUTION	
FOR _____	_____
: 122 000 637 :: 431265 : 79 1234	
[ROUTING NBR] [ACCOUNT NBR] [CHECK NBR]	

ATTACH A PRE-PRINTED VOID CHECK OVER THE SAMPLE CHECK, OR A LETTER FROM YOUR FINANCIAL INSTITUTION FOR ACH'S. FORMS RECEIVED WITHOUT THIS INFORMATION WILL BE CONSIDERED INCOMPLETE.

RETURN YOUR COMPLETED FORM BY MAIL TO:

**Enduring Resources, LLC
6300 S Syracuse Way, Suite 525
Centennial, CO 80111**