



Application and Authorization for Direct Deposit

Request type: New Application Change Cancellation

Owner Number: _____ Date: _____ Telephone Number: (____)____-_____

Owner Name(s): _____

Social Security or Tax ID #: _____ **Remit to Email:** _____

Mailing Address: _____

Name on Bank Account: _____

Routing Number (9 digits): _____ Bank Name: _____

Account Number: _____ Account Type (select one): Checking Savings

I hereby authorize PBEX OPERATIONS, LLC ("PBEX") to deposit my royalty payments, and if necessary reversals into the account listed above. Further, I agree not to hold PBEX responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account. This authorization will remain in effect until written notification of change or cancellation has been received by PBEX.

Owner Signature & Title (Required) *Date* *SSN / Tax ID*

2nd Owner Signature & Title (Required – if applicable) *Date* *SSN / Tax ID*

NOTE: If more than one name appears on the account, BOTH OWNERS MUST SIGN

For your security, we require you to complete all fields on the form above before we will make changes to your Owner account. Please complete and return this form and any required documentation to PBEX OPERATIONS, LLC via the instructions below.

Attach Voided Check or Deposit Slip Here

MAIL:
PBEX OPERATIONS, LLC
Attn: Accounting Department
223 W Wall St Suite 900
Midland, TX 79701

EMAIL:
accounting@pbex.com