

If this form is not completed in its entirety, if it is populated with information that does not match our source records, or if required backup documentation is not provided, your request will not be completed.
*Please allow 6-8 weeks for the initial payment via ACH / Direct Deposit to be received. Payment will continue to be issued via Check until your ACH request is processed.

Send to Email: AP-EMEP@eag1source.com

Mail to Address: EMEP II Operating, LLC C/O EAG Services, P.O. Box 131328, Houston, TX 77219

Current Vendor Information

* Denotes optional fields- only required if requesting an update to that field

Vendor Name:	
Vendor #:	
SSN/TIN (Last 4 Digits):	
DBA/Additional Names*	
Phone Number 1:	
Phone Number 2*:	
Email Address*:	

Remit Address:	
City:	
State:	
Zip Code:	
Country:	

Account Verification

If you have not received a payment from Eagle Mountain Energy Partners, LLC in the past, you must receive at least one check payment before ACH can be set up.

Current Payment Details (one of last 3 payments)

*Required for ACH Setup. Provide either the Check details below, or attach an image of the front & back of a check payment which has recently cleared your bank account.

Check #:	
Check Date:	
Check Amount:	

*This payment must be one of the last three payments issued for your account.

Current Bank Account*

*Required if you are currently enrolled in ACH payments, but want to update your account or cancel enrollment.

Bank Name:	
Name on Bank Account:	
ACH Routing Number (9 Digit)	
Account Number:	

Updates Requested

Vendor Address and Contact Information Change*

*Complete only the fields you want updated in our system.

New Address	
Remit Address:	
Street Address 2:	
City:	
State:	
Zip Code:	
Country:	

New Contact Info	
Contact Name:	
*Changes to Vendor Name require supporting documentation, including a current W-9.	
Phone Number 1:	
Phone Number 2:	
Email Address 1:	

ACH / Direct Deposit*

*OPTIONAL - Complete this portion of the form only if you want to enroll in ACH services, change your enrolled account, or cancel ACH enrollment. If wanting to enroll or change ACH, you **MUST provide a Void Check or Bank Letter with this form**. The Account Name provided on this form must match Bank Letter/Void Check. You will be contacted by PHONE to verify account information prior to your request being completed.

New Enrollment ☐ Change ☐ Cancel Enrollment ☐

New Bank Account Details

Bank Name:		ACH Routing Number (9 Digit)	
Name on Bank Account:		Account Number:	
Remit. Email Address:		Type of Bank Account:	☐ Checking ☐ Savings

*Only need email if different than primary email address. Remittance Email address is where notice of ACH deposit will be sent.

Approval & Authorization

I hereby authorize EMEP II Operating, LLC ("EMEP II") to update my owner information, which will affect where payments and other general information are sent. If providing ACH information, I also authorize EMEP to initiate automatic deposits into my account via electronic funds transfer (EFT, also known as ACH) at the financial institution named above. I agree not to hold EMEP II responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing the funds. This authorization shall remain in full force and effect unless and until I change or cancel such authorization. This authorization shall be deemed changed or canceled 30 days after EMEP II receives a written request from me.

Print Name:	
Signature*:	

Title:	
Date:	

*Signature can be physical or electronic (DocuSign or similar eSignature service). Typed signatures will not be accepted.