



Owner ACH Authorization Form

Please Select One:		
NEW ACH	CHANGE ACH	CANCEL ACH

Owner Information:
Owner Name:
Owner Number:
Address on File:
Contact Name on File (if other than payee):
Contact Telephone Number:
Contact Email Address:

Financial Institution Information: Please include a void check or letter from the bank to confirm account		
Bank Name:		
Bank Address:		
Name on Bank Account:		
Bank Account Number:		
Nine-Digit Bank Routing/Transit Number (ABA):		
Remittance Email Address:		
Type of Account:	Checking	Savings

Approvals/Authorizations:	
<p>I hereby authorize EMEP Operating, LLC (EMEP) to initiate automatic deposits to my account via electronic funds transfer (EFT also known as ACH) at the financial institution named above. Further, I agree not to hold EMEP responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This authorization shall remain in full force and effect unless and until I or the financial institution change or cancel such authorization. This authorization shall be deemed to have been changed or canceled only after 30 days after EMEP's receipt of a written request from me.</p>	
Print Name: _____	Title: _____
Signature: _____	Date: _____

Where to Send:
By email: EMEP-OwnerRelations@eag1source.com
By Mail: Eagle Mountain Energy Partners, C/O EAG 1Source 2628 Highway 36 S, PMB 283 Brenham, TX 77833-9616
<i>Please allow 8-12 weeks for setup to be complete</i>