



**ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM**

If you elect EFT as an alternative to receiving your check by mail, your payment will be deposited into your account three (3) business days beyond the date of the regular check issuance. The Detail of Statement associated with the payment will be available on Energylink.com (a separate letter will be sent with your login information). Your designated bank must be located within the United States. EFT payments are made using the Automated Clearing House (ACH) wire system. **Incomplete EFT Applications will not be processed and will be returned to owner for completion.** Owner may change any portion of the information provided below by giving at least thirty (30) days written notice. Owner agrees that Lambda Energy will not be liable for any interest or other claim arising as the result of Owner's failure to give such notice.

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| <b>Note</b> | 1. Please complete all sections and return to <b>Lambda Energy Resources LLC</b> .  |
|             | 2. Any changes to this information must be notified in writing as soon as possible through email at <a href="mailto:OwnerRelations@lambdaenergyllc.com">OwnerRelations@lambdaenergyllc.com</a> or by mail to:<br>Lambda Energy Resources LLC<br>c/o Division Order Department<br>12012 Wickchester Lane, Suite 300<br>Houston, TX 77079 |
|             | 3. Please include a signed W-9 for tax purposes when returning this form.   |
|             | 4. Staple or attach a <u>voided</u> check to form.  |

**Request Type**

New Enrollment	Change	Cancellation
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**LAMBDA ENERGY RESOURCES LLC CONTACT INFORMATION**

Name:		Email:	
Phone:		Owner #:	
Address:			
City:		State:	
Zip Code:			
P.O. Box #:		P.O. Box City:	
P.O. Box State:		P.O. Box Zip:	
Tax ID:			

**PAYMENT DETAILS**

Bank Name:		Account Name:	
Routing/ABA #:		Account Type:	Checking Savings
Account #:			
Address for Checks:			

**PLEASE SIGN AND DATE**

\_\_\_\_\_ I (WE) AUTHORIZE LAMBDA ENERGY TO SEND MY (OUR) PAYMENT TO MY (OUR) BANK VIA ELECTRONIC FUNDS TRANSFER.

Signature:		Date:	
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Printed Name:	
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IF ACCOUNT OTHER THAN INDIVIDUAL, INCLUDE YOUR TITLE, E.G., "TRUSTEE" OR "PRESIDENT"

Title:	
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Signature:		Date:	
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Printed Name:	
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IF ACCOUNT OTHER THAN INDIVIDUAL, INCLUDE YOUR TITLE, E.G., "TRUSTEE" OR "PRESIDENT"

Title:	
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