



# DIRECT DEPOSIT ENROLLMENT FORM

Request Type:  New Application  Revision Request  Cancellation Request

**ALL INFORMATION IS REQUIRED FOR ENROLLMENT.**

Owner Number: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Revenue details and 1099s will no longer be mailed but will be sent via email.** CSV Y or N

## Banking Information

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (Must be 9 digits)

Account Number: \_\_\_\_\_ Account Type:  Checking  Savings

### ATTACH VOIDED CHECK OR BANK LETTER

Temporary checks and/or deposit slips are not accepted.

I certify the depository information listed above is accurate, and I/we authorize JMA Energy Company, L.L.C. to issue payment electronically via ACH. (Signature must be that of an authorized representative.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

*Joint accounts must include signatures of all owners.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED FORM WITH A VOIDED CHECK OR BANK LETTER TO:

JMA Energy Company, L.L.C.

Attn: Revenue Accounting  
1021 N.W. Grand Boulevard  
Oklahoma City, OK 73118

Email: Revenue@JMAEnergy.com

Fax: (405) 418-2550

Revenue Inquiry Telephone: (844) 265-0062



# Account Information Form

## Contact Information

### Revenue

Name & Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### Joint Interest Billing

Name & Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### 1099/Tax Reporting

Name & Title: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## Change of Address

**Old Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature(s):** \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_