



**DIRECT DEPOSIT ENROLLMENT FORM**

The undersigned, hereinafter called "Owner", is representing that he/she is the owner of an oil, gas and/or mineral interest that is currently paid by Australis TMS Inc. Owner is now authorizing Australis TMS Inc. to make direct deposit (EFT) payments for his/her/its owned interest to the financial institution and owner account as designated below.

Owner agrees that electing to participate in EFT payments will not amend any lease agreements between Australis TMS Inc. and Owner. This agreement simply allows for EFT payments in lieu of paper check payments.

Owner agrees to give at least thirty (30) days advance written notice of any change in the payment instructions shown below. Owner agrees that any changes to their mailing address will continue to be submitted in writing to Australis TMS Inc. Owner agrees that Australis TMS Inc. will not be held liable for any interest or other claims arising as the result of Owner's failure to provide written notice of any payment instruction changes. Owner also releases and agrees to indemnify and hold Australis TMS Inc. harmless for any loss, claim, damage, or interest incurred as the result of Owner's depository institution's failure to properly or promptly post any EFT payment and/or as a result of any error or omission in the payment instructions provided by or on behalf of Owner. Owner understands and agrees that Australis TMS Inc. will have up to ninety (90) days after receipt of this form to process the EFT request.

Request Type: New Application  Request Change  Request Cancellation

Please complete the following information and attach a voided check.

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

Owner Number: \_\_\_\_\_ SS# or Fed Tax ID: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

ABA Routing Number (9 digits): \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account Number (18 digits): \_\_\_\_\_

Account Type:  checking  savings

Signature of Owner(s) or Authorized Representative

\_\_\_\_\_

Print: \_\_\_\_\_ Print: \_\_\_\_\_

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

Please mail your completed form along with a voided check to:  
Australis TMS Inc.  
3 Allen Center  
333 Clay Street, Suite 3680  
Houston, TX 77002