



ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

I hereby authorize Blackbeard Operating, L.L.C. and its subsidiaries to make electronic funds payments via ACH to my bank account. This authorization remains in effect unless 30 days written notice is received by the Company from the undersigned requesting termination or changes.

Request Type: New Application Request Change Request Cancellation

Owner Name: _____

Owner Number: _____ SS# or Federal Tax ID: _____

Owner Mailing Address: _____

**If the address listed is different than the address on the account, Blackbeard will update the owner's account to show the mailing address noted above*

Phone Number: _____ Email: _____

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Dual signatures are required for joint accounts.

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Attach Voided Check or Savings Deposit Slip Here

Please submit this completed form via mail or email
to: Blackbeard Operating, L.L.C.
Attn: Division Order Department
1751 River Run, Suite 405
Fort Worth, TX 76107
Email: info@blackbeardoperating.com