

EMAIL: INFO@GEOPETROLLC.COM



AUTHORIZATION FOR DIRECT DEPOSIT AND ELECTRONIC STATEMENT DELIVERY FORM

Owner Number:		Tax ID Number or SSN:	
Mailing Address:			
City:		State:	Zip:
Phone: ()	-	Email:	
	ition is needed regarding ro	ing your bank account and <u>ar</u> uting number and account n	ttach a voided check. (See sample umber.)
	My Name My Address City, State Zip PAY TO THE ORDER OF:	DATE:	
	The Bank Name Address Phone Number Memo:		DOLLARS
		k Account Number	
Name on Account:			
Bank Routing Numbe	(9 digits):		
Account Number:			
Bank Name:	Please check accou		avings
	nation listed above is accura This authorization will rema	ate and I authorize Geopetro	LLC to deposit royalty payments into fication of change or cancellation has
Signature:			Date:
		sentative(s). If joint account,	

Please fax, email, or mail this completed form to Geopetro LLC using the contact information listed above, and allow up to 4 weeks for implementation. You will continue to receive royalty statements and checks by mail until the process is completed.