



DIRECT DEPOSIT ENROLLMENT

I hereby agree to the terms herein, certify that the depository information listed below is accurate and authorize Henry Resources LLC (HR) to issue payments to me electronically via ACH. The undersigned agrees that HR is authorized to reverse any electronic payments made in error to my account through the direct deposit program. I further warrant that I am a holder on the account listed below. I also understand that I should allow up to 60 days for my enrollment to be processed once received by HR.

I authorize HR to send my payment via Electronic Funds Transfer (Direct Deposit via ACH). Please deposit my payment in my checking _____ or savings _____ account (check only one).

Owner Name: _____

Last 4 digits of SSN or Tax Id: _____

HR Payee/Owner Number: _____

Phone Number: _____

PLEASE ATTACH A **VOIDED CHECK** AND PROVIDE THE FOLLOWING INFORMATION:

Bank Account Number: _____

Bank Routing (ABA) Number: _____

CHECK DETAIL DELIVERY (Please check mark one of the following:)

I wish to receive my check detail electronically I would like to continue receiving my check detail via mail

Email Address (Required for electronic delivery): _____

Owner Signature: _____

Note: IT IS YOUR RESPONSIBILITY TO KEEP US INFORMED OF ANY CHANGES IN BANKING INFORMATION OR EMAIL ADDRESS. In the event that ACH is unavailable (e.g. due to closure or abandonment of an account or inaccurate account information), HR will resume making payments to you via check.

Please return **ONLY** by mail to the company address or fax to the contact listed below (Attn: Revenue Accounting). For security purposes **DO NOT** email.