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www.enterpriseproducts.com/royalty-relations

DIRECT DEPOSIT ACH ENROLLMENT FORM

New Enrollment Revision		
Owner Name	Date	
(Please print)		
Mailing Address	Owner Number	
	SSN or Tax ID	
	Type of Account	
Email Address	Checking	Savings
until I have provided written notification to the contrary, or I that I can change my account or financial institution arrang available from Enterprise. I understand that Direct Deposits with the month of production; provided, that the amount exceeds electronic payment that is determined to be fraudulent, duplication.	ement by completing a revised Direct Dep Il be made to my account on or before the 23r the required minimum amount. I agree that	posit ACH Enrollment Form d day of the month, following
Owner Signature	Daytime Phone Number	
BANKING INFORMATION:		
Bank Routing Number (ABA)(9 digits):		
Checking or Savings Account Number:		
Name of Financial Institution:		
Bank Branch, City, State:		
Bank Representative Name:		
Bank Representative Phone Number:		
REQUIRED: ATTACH A VOIDED CHECK OR OFFICE SIGNATURE, WHICH MATCHES YOUR NAME ON T		PRESENTATIVE'S

Revenue detail is available at: https://www.mineralanswers.com/owner-portal/enterprise-crude. If you need assistance creating an account or with your password, you can contact them at support@mineralanswers.com or for real-time help, through their website chat widget on the registration page located in the bottom right corner.

Return by mail to the letterhead address. Please allow 30 to 60 days for implementation.

If you have previously been setup for ACH payment and there are no revisions, please disregard this form.