



DIRECT DEPOSIT REQUEST FORM

Date: _____

OWNER INFORMATION

Please check one:

New Authorization

Change Existing Authorization

Owner Name (As shown on last revenue check)

Owner Number

Mailing Address

Tax ID or Social Security

Suite Number / Apt Number

Telephone Number

City, State, Zip

Email Address

BANK INFORMATION

US Bank Name

Name on Account

9 Digit Routing Number (ABA)

Account Type:

Checking

Savings

Bank Account Number

Receive Detail By:

USPS Mail

Email

AUTHORIZATION

PLEASE ATTACH A VOIDED CHECK OR AN ACCOUNT VERIFICATION PAGE FROM YOUR BANK TO THIS FORM. FORMS RECEIVED WITHOUT A VOIDED CHECK OR VERIFICATION PAGE WILL BE CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED.

The undersigned Owner or authorized representative of Owner ("Owner") represents that he/she owns oil, gas and/or mineral interests, the proceeds of which are currently paid by Silver Hill Energy Operating, LLC and its subsidiaries ("Silver Hill") and authorizes Silver Hill to make direct deposit ("EFT") payments to the financial institution designated above in lieu of paper checks. Owner certifies that the above information is accurate and that he/she is the lawful party entitled to receive such proceeds. Owner agrees that Silver Hill may unilaterally reverse any EFT payment that is determined to be fraudulent, duplicative, or made in error. If Owner elects to receive EFT payments, Owner will continue to receive their associated check detail by USPS mail unless email is selected and provided above. Owner agrees that any future changes to his/her mailing address or bank account information must be submitted in writing to Silver Hill. Owner agrees that Silver Hill will not be held liable for any interest or other claim arising as a result of Owner's failure to provide timely written notice of any payment instruction changes. Owner releases and agrees to indemnify and hold Silver Hill harmless for any loss, claim, damage, interest, or fees incurred due to the financial 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 Owner. Owner understands and agrees that Silver Hill will have up to sixty (60) days after receipt of this form to process the initial EFT request. Once initial setup has been established, any future changes will be processed in thirty (30) days. This authorization will remain in effect until thirty (30) days after written communication of termination has been received by Silver Hill. Silver Hill may cease making EFT payments to Owner at any time for any reason at Silver Hill's sole discretion and resume making paper check payments on the next check cycle.

Signature of Owner (or authorized representative)

Joint Signature (if joint account, both parties must sign)

RETURN INSTRUCTIONS

Silver Hill Energy Partners
c/o Pepper Well File Mgmt / EAG
2628 Hwy 36 S., Suite 283
Brenham, TX 77833

SilverHill-OwnerRelations@eag1source.com