

BML, INC. DIRECT DEPOSIT ENROLLMENT FORM

INSTRUCTIONS:

OWNER DIRECT DEPOSIT AUTHORIZATION:

I authorize BML to send payment via Electronic Funds Transfer (Direct Deposit via ACH). This authorization will remain in effect until I have informed BML in writing that I wish to cancel said service, and until BML has had reasonable time to effect such cancellation. I understand that I should contact my bank to verify receipt of any ACH Funds.

Please deposit my payment in my checking ____ or savings ____ (check only one).

Owner Name: _____

Social Security or TIN Number: _____

BML Owner Number (List All): _____

Telephone Number: _____

****Email Address (Required)**:** _____

Bank Name: _____

Bank Routing/Transit (ABA) #: _____

Bank Account Number: _____

Name on Bank Account: _____

****** BML requires you to provide an email address to which you will receive your Revenue Detail Statement. By using the ACH (Direct Deposit) feature, you will no longer receive a check with check stub.

***To avoid delay in receiving Direct Deposit revenues and associated Revenue Details, please notify BML immediately of any changes in banking information or any changes in your email address!

PLEASE RETURN ENROLLMENT FORM BY MAIL, FAX OR EMAIL, **ALONG WITH A VOIDED CHECK** TO:

BML, Inc.

P. O. Box 5061

Abilene, TX 79608-5061

FAX: 325-676-3358 or 866-776-3358

Email: diane@bmloil.com

Owner Signature: _____

Date: _____