



MAIL FORM To:
PEREGRINE PETROLEUM PARTNERS, LTD
ATTN: REVENUE ACH
2101 CEDAR SPRINGS RD, SUITE 1800
DALLAS, TX 75201

DIRECT DEPOSIT FORM

OIL/GAS REVENUE PAYMENTS

NEW **CHANGE** **CANCEL**

Peregrine Petroleum Partners, Ltd, is now offering you the **OPTION** to participate in our Revenue Direct Deposit (ACH) program. The benefits include the elimination of mailing delays, lost or stolen checks. We will also lower the minimum for payment to \$25.00 for direct deposit owners. Payment will be deposited into your account on the check issue date and be available for use the next business day.

If you choose to receive your payments electronically, your payment detail will not be mailed. It will be available to view and print at **www.energylink.com** on the check issue date. Please see the enclosed notice regarding the Energylink service or contact them at 1-888-573-3364.

If you do not wish to participate, simply disregard this letter and you will continue to receive payment by mail. No action on your part is required.

If you wish to participate in the Direct Deposit option, please complete the following and MAIL to the address above.

Owner Name: _____

Owner Number: (from upper left corner of check detail) _____

Last four digits of SSN/Tax ID on account for verification: _____

Owner Mailing Address: _____

Owner City, State, Zip: _____

Owner Phone or Email: (if any questions) _____

BANK INFORMATION:

Account Type: CHECKING: _____ SAVINGS: _____

Name of Financial Institution: _____

Bank Routing Number: _____ Bank Account Number: _____

YOU MUST ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP), OR A LETTER FROM YOUR BANK VERIFYING ACCOUNT AND ROUTING NUMBERS

I authorize Peregrine and the financial institution listed to electronically deposit my future payments to the account specified. This authorization will remain In effect until changed or cancelled by owner by way of written notification to Peregrine. Please allow 60-90 days for processing. **Any questions contact accounting@peregrinepetroleum.com**

Owner's Signature _____ Date _____