

## ELECTRONIC TRANSFER OF FUNDS (EFT) Instructions

In order to improve our payment process Mitsui E&P USA LLC has implemented an optional Direct Deposit program that will enable you to receive electronic funds transfers (EFT) in lieu of revenue checks.

If you choose to enroll in this program, all information on the authorization form must be completed in its entirety or the form will be returned to the Owner.

Additional benefits of direct deposit are the elimination of:

- Mailing delays;
- Lost or stolen checks;
- Delays in payment due to change of mailing address.

To enroll in the Direct Deposit program:

- Complete the EFT form printed on the reverse side of this page;
- Attach a voided check (or copy thereof) to the EFT form;
- Return the EFT Form and voided check to Mitsui E&P USA LLC by email, fax or mail;
- Sign the EFT form. (NOTE: It is critical that you sign the EFT form as a signed authorization is required prior to sending direct deposits to your bank.)

**FOR CHECKING ACCOUNTS - PLEASE ATTACH A VALID COPY OF A CHECK;**

**FOR SAVINGS ACCOUNTS – PLEASE ATTACH CONFIRMATION FROM THE BANK THAT INCLUDES ROUTING AND ACCOUNT NUMBER INFORMATION**

# ELECTRONIC TRANSFER OF FUNDS (EFT) AUTHORIZATION FORM

I hereby authorize Mitsui E&P USA LLC and/or its subsidiaries to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error; (2) certifies that Payee has selected the following depository financial institution to receive the wire transfer and is in fact the account holder, and (3) directs that all such electronic funds transfers be made as provided below:

<b>Owner Number (found on your Division Order)</b>	
<b>Social Security Number/ Taxpayer ID</b>	
<b>Owner Address: PO Box/Street, City, State, Zip</b>	
<b>Owner's Phone Number:</b>	
<b>Name &amp; Address of Financial Institution:</b>	
<b>Routing Transit Number:</b> <i>First 9 Digits on left bottom of your check</i>	
<b>Name on Bank Account:</b> <b><i>Name on bank account must match name(s) on division order</i></b>	
<b>Bank Account Number:</b> Numbers following routing number	
Are funds to be deposited into a Checking or Savings Account? <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <b><i>Type of account must be properly indicated and a VOIDED CHECK (or copy thereof) must be attached to this form or it will be returned</i></b>	<input type="checkbox"/> <b>New EFT Setup</b> <input type="checkbox"/> <b>Revised</b> __/__/__ <b>Date Added or Revised</b> (FOR INTERNAL USE ONLY)

## A VOIDED CHECK (OR COPY THEREOF) MUST BE ATTACHED TO THIS FORM OR IT WILL BE RETURNED

Payee acknowledges and agrees that the terms and conditions of all agreements with Payor concerning the method and timing of payments shall be amended as required by Payor. Payment dates on any EFT payments replacing check payments will be extended 2 days beyond the date required for check payment. Payor assumes no responsibility for any loss occasioned by errors, omission or delays caused by Payee's depository bank or payment delays caused by not properly notifying Payor of any changes with regard to the account attached to this authorization. Payor assumes no responsibility for fees or deductions charged by Payee's depository bank. Payee agrees to hold Payor harmless and indemnify Payor from and against all liabilities, claims, losses, costs, expenses, and damages of any kind including direct, indirect, consequential and punitive asserted against Payor directly or indirectly from or arising out of the electronic transfer of funds contemplated by this authorization form. Payee agrees and accepts that the Payee's remittance details are available for retrieval at <https://secure.oildexdx.com/mitsui/cs.asp> and will no longer be mailed.

I will give thirty (30) days advance, written notice to Payor of any changes in depository financial institution or other payment instructions. When properly executed, the EFT Authorization Form will become effective thirty (30) days after its receipt by Payor and will remain in effect until cancelled in writing by Payee.

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Date

The completed form may be FAXED to FAX: (713) 634-2951 or emailed to [ownerrelations@mitsui-ep.com](mailto:ownerrelations@mitsui-ep.com) or mailed to Mitsui E&P USA LLC, 1300 Post Oak Blvd, Suite 1800, Houston, Texas 77056