

ACH Direct Deposit Request

The undersigned hereby elects to participate in ACH direct deposit for all future revenue unless otherwise requested.

I/We elect to have my/our production revenue net proceeds directly deposited into the account listed below:

Effective date: _____

Owner Name: _____ Owner Number if known: _____

Email: _____ Phone: _____

Partnership Interest: KOPI KOPII

Bank Information

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account type: _____

Account Number: _____

Routing Number _____

Signature: _____ Date: _____

Owner Number if known: _____