



Dear Landowner,

Tala Energy LLC is pleased to offer the option of direct deposit for royalty payments associated with your natural gas and/or oil interests. This option provides greater security regarding your personal data, efficiency and timeliness of payment.

To enroll in direct deposit, please complete and return the enclosed Authorization Agreement. The following instructions will assist you in properly filling out the form:

Section 1

1. Enter either your Full Company Name OR Full Personal Name
2. Tala owner number.

Section 2

1. In the designated fields, provide the name and address of your financial institution, along with your bank routing number and account number. These can typically be found on the face of a check.

Section 3

1. At the bottom of the form, print your name and the last four digits of your Tax Identification Number (Social Security Number). Include your current phone number and email address (Required).
2. Sign and date the form.
3. Attach a voided check to the form, or a letter from your bank (on official letterhead) verifying your account information.

Please return the completed form and documentation to the following email address:

<mailto:info@talaenergyllc.com>

Alternatively, by physical mail to:

Tala Energy LLC
P.O. Box 10404
College Station, TX. 77842

Once received, the information will be reviewed and processed by Tala's Accounting Department. Please allow one to two months for the direct deposit setup to be finalized. If you have any questions or need assistance, feel free to contact us via email at info@talaenergyllc.com. We are happy to help.



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company/Personal Name: _____

Tala Energy LLC Owner #: _____

I (we) hereby authorize Tala Energy LLC, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Account Type (Please select one): Checking Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (Print): _____ Last 4 Digits Tax ID#: _____

Phone #: _____ Email (required): _____

Signature: _____ Date: _____