



TO ALL WI/ROYALTY OWNERS:

Aldine Oil and Gas, LP, is pleased to announce that we will be offering Direct Deposit through ACH for royalty payments. The minimum balance to be reached to receive an ACH is \$10, for checks it is \$100. Please fill out the information below as well as the Authorization Agreement and return via email or mail for processing. Once we have received these documents and processed your information, you will no longer be receiving a Check or Revenue Summary Statement through the mail. Royalty payments will be deposited directly into your account and Revenue Summary Statements will be emailed.

Please provide a **valid email address** for you to receive Revenue Summary Statements and ACH payment notices, as they will not be mailed.

You may also retrieve your revenue summary statements online at MineralAnswers.com at any time.

If you do not have access to a computer, but would like to participate in this program, please know Revenue Summary Statements will not be mailed.

You may return these forms by mail to the address below or by email to nlytle@aldine-oil.com.

NAME: _____

EMAIL ADDRESS: _____

OWNER CODE: _____ (not necessary if unknown)



Automated Clearing House Services Authorization Agreement

I (we) hereby authorize ALDINE OIL AND GAS, LP, hereinafter called "COMPANY" to initiate ACH entries to my (our) ___Checking ___Savings account (select one) indicated below and the financial institution named below, hereinafter called "Bank", to credit the same to such account. **Please check with your Bank and verify that the ABA No. and the Routing Number are the same, as some Banks use a different ABA No. for ACH.**

BANK NAME _____ BRANCH NAME _____

CITY _____ STATE _____ ZIP _____

ABA No. for ACH _____ ACCOUNT No. _____

This authority 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 BANK a reasonable opportunity to act on it.

NAME(S) _____ SSN(last 4 digits)/TAX ID _____
(Please Print)

SIGNATURE _____ DATE _____

TITLE _____

ATTACH VOIDED CHECK