

LARIO OIL & GAS COMPANY

DENVER

POST OFFICE BOX 29
DENVER, CO 80201-0029
1-800-865-5611
ownerrelations@lariooil.com



WICHITA

301 S. MARKET ST.
WICHITA, KS 67202-3805
316-265-5611
FAX: 316-265-5610

DIRECT DEPOSIT ACH ENROLLMENT FORM

___ New Enrollment ___ Revision

Owner Number: _____

Owner Name: _____

Mailing Address: _____

City / State / Zip: _____

TIN or SSN-last 4 digits : _____ Phone Number: _____

Banking Institution: _____

Bank City / State / Zip: _____

Type of Account: Checking Savings

ABA Routing (9 digits): _____ Account Number: _____

Remittance Email: _____

* Please provide a valid email address above—otherwise, your statement will be mailed to you. *

PLEASE NOTE

- A voided check or bank letter is required to process this form and verify your account.
- You will be contacted by phone to verify the information provided.
- Complete and return form by email with account verification to: **bankinginfo@lariooil.com**,
or mail to: **301 S. Market St., Wichita, KS 67202-3805**
- Revenue statements are available on EnergyLink. Go to: <https://www.energylink.com/Public/Signup.aspx>

The undersigned owner authorizes Lario Oil & Gas Company to make future payments by Direct Deposit Automated Clearing House (ACH). Owner agrees to give Lario thirty (30) days written notice of any change in the payment instructions shown above. Owner understands that Direct Deposits will be made on or around the 10th day of the second month, following the month of production; provided that the amount exceeds the required minimum amount. Owner agrees that Lario may reverse any electronic payment that is deemed to be fraudulent, duplicate, or made in error.

Authorized Signature: _____ Date: _____

Print: _____

OFFICE USE ONLY: Confirmed Information by Phone Call

Method of Contact: _____
*Note: Method of contact will be phone number we have on file or one that can be verified through another source.

Name of Person Contacted: _____

Date Contacted: _____ Time: _____

Lario Representative: _____