



UNITEX

508 WEST WALL ST, SUITE 1000
MIDLAND, TEXAS 79701
TELEPHONE: 432-685-0014
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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) – REVENUE PAYMENTS

Please allow 60 days for implementation

I (we) hereby authorize Unitex Oil & Gas LLC, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) authorize, if necessary, the initiation of a DEBIT ENTRY or ADJUSTMENT for any credit entries made in error to the account named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Owner Number: _____ Social Security # or Tax ID #: _____

Owner Name as shown on Check Detail:

Owner Address: _____

Daytime Telephone #: _____ E-Mail: _____

Depository

Name: _____

City: _____ State: _____ Zip: _____

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

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. COMPANY will not be held liable for and will be held harmless for any possible claims or damages resulting from DEPOSITORY's failure to properly post or distribute funds.

NOTE: If interest is jointly held, ALL parties must sign below. Once you elect to receive your monthly revenue payments via ACH, printed copies will no longer be mailed and the undersigned agrees to obtain monthly check detail via EnergyLink - www.energylink.com

Signature: _____ Date: ____/____/____

Please attach a VOIDED CHECK or ACH payment instructions from your bank, on bank letter head.

Please contact us at the address above or at OwnerRelations@unitexoil.com should you have any questions.