12377 Merit Dr. Suite 450 Dallas, Texas 75251



Phone: (214) 739-3481 Fax: (214) 739-4458

Browning Oil Company, Inc.

AUTHORIZATION FOR DIRECT DEPOSIT

I (we) hereby authorize Browning Oil Company, Inc. ("Browning") to deposit my (our) revenue payment into the account listed below. Browning is also authorized to reverse any payment determined to have been made in error. This authorization will remain in effect until cancelled by written notice given at least two weeks prior to a check issue date. Browning may also cancel this authorization by giving written notice at least thirty days prior to a check issue date. The below account information may be amended at any time by completing a new Authorization for Direct Deposit form and forwarding to Browning at least two weeks prior to a check issue date. By my (our) signature below, I (we) agree to the terms stipulated above and certify to Browning the below listed account information is accurate.

Owner Name:		
Browning ID No.: (ex. LED0001):	New setup	Change existing setup
Tax ID or Social Security Number (requi	red for verification):	
Current mailing address for revenue chec	ks:	
Address 1:		
City, State, Zip:		
Home Phone Number:		
Email address:		
Please select how payment notice/detail i	s to be sent: Email U.	S. Mail to above address:
Account type (check one): Checking	Savings	
Banking Information for Deposits:		
Bank Name:		City, State
ABA Routing Number (Nine digit number	er on bottom of your check):	
Account Number:		
Please attach a voided check from the not alw	e above account to this form. It ays list the correct routing nu	1 1
Signature(s):		
Print Name:		
Title	Date:	