AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT BY ELECTRONIC FUNDS TRANSFER (EFT)

Please check appropriate box:

- ☐ New EFT account
- ☐ Change EFT reporting method
- ☐ Change bank account on _____ (date)
- ☐ Change contact name or phone number

(Type or Print in Ink)

SECTION II

CONTACT NAME	OWNER #
NAME ON ACCOUNT (INDIVIDUAL, COMPANY, TRUST)	CONTACT PHONE NUMBER
EMAIL ADDRESS	SECOND CONTACT PHONE NUMBER

SECTION II

Legacy Reserves is hereby requesting authority for the above-named individual/entity to initiate ACH credit transactions to the below-named bank account. This ACH authorization is valid from the effective date hereof until such time as this authorization is terminated in writing by the undersigned. The person whose name appears below indemnifies and hereby holds harmless the named financial institution of any and all claims made or asserted by either party hereto. This authorization may be assigned in whole to a third party without notice to any party to this agreement. The above also agrees to comply with the National Automated Clearing House Association (NACHA) rules.

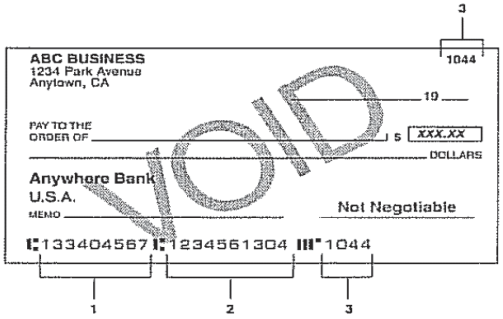
FINANCIAL INSTITUTION	**TYPE OF ACCOUNT**
NAME ON ACCOUNT	☐ CHECKING
FINANCIAL INSTITUTION ADDRESS	☐ SAVINGS
CITY STATE ZIP	☐ OTHER

BANK ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS)	ROUTING NUMBER (REQUIRES 9 DIGITS)	
AUTHORIZED SIGNATURE	TITLE	DATE

General

Please type or print clearly, attach a voided check, sign and return to Legacy Reserves, 15 Smith Road, Suite 3000, Midland, TX 79705. Make a copy for your records. Please note that starter checks are not acceptable. In the event that you do not have checks, please provide a letter from your bank stating your information.

The example of a voided check, shown right, indicates where to locate the routing number for your bank and your bank acct number.



1 Routing Number (requires 9 digits)
2 Bank Account Number (not to exceed 17 digits)
3 Check Number