



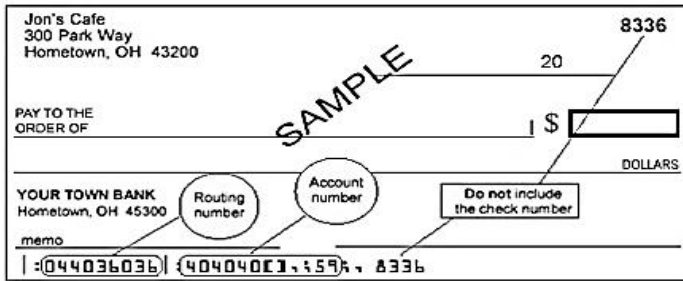
ALTA MESA SERVICES, LP  
 15021 Katy Freeway, Suite 400  
 Houston, TX 77094  
 Attention: Treasury  
 Phone: (855) 818-7715

## ACH/DIRECT DEPOSIT ENROLLMENT FORM

Please return this completed form by regular mail. Please **DO NOT** return by electronic mail for security reasons.

**Request Type:**    **New Application**                       **Change Existing Setup**                       **Cancel Direct Deposit**

Owner Name:	Phone:
Owner Number:	Fax:
Address:	Social Security or TIN:
City, State Zip:	E-mail Address:
<b>***ATTACH A VOIDED CHECK OR LETTER FROM YOUR BANK VERIFYING THE BANKING INFORMATION***</b>	
<b>***DEPOSIT SLIPS ARE NOT ACCEPTABLE***</b>	
Bank Routing (ABA) Number (9 digits):	
Bank Account Number:	
Account Type (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	



The undersigned, hereinafter called "Owner", represents that it owns mineral interests, the proceeds of which are currently being distributed by Alta Mesa Services, LP ("AMS"). Owner hereby authorizes AMS to remit future payments due by electronic funds transfer (direct deposit via ACH). **Owner consents to receive EFT payments and electronic payment detail in lieu of paper check payments by mail.** Owner agrees all affected agreements between Owner and AMS are hereby amended to allow ACH payments.

I hereby authorize Alta Mesa Services, LP and/or its subsidiaries to deposit my royalty payments, and if necessary, reversals into the account listed above. Further, I agree not to hold AMS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my bank or due to an error on the part of my bank in depositing funds to my account. This authorization will remain in effect until written notification of change or cancellation has been received by AMS.

Owner agrees to give Alta Mesa Services thirty (30) days advance written notice of any change in the payment instructions shown above. Owner agrees that AMS will not be liable for any interest or other claim arising as a result of Owner's failure to give such notice. Further, Owner hereby releases and agrees to indemnify and hold AMS harmless for any loss, claim, damage or interest incurred as a result of Owner's depository institution's failure to properly or promptly post any such ACH payment. Owner also agrees that AMS may at any time discontinue payments by electronic funds transfer.

***When properly executed, this authorization will become effective within 30-60 days after it is received by AMS. During the transition, Owner will continue to receive payments by mail at the address currently on file with AMS.***

Signature: \_\_\_\_\_  
**(Owner, Trustee, Executor or Authorized Person)**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
**(If joint account, both parties must sign)**

Date: \_\_\_\_\_