



## Owner Direct Deposit Enrollment Form

I authorize Berry Corporation (bry) (the Company) to send payments via Electronic Funds Transfer (Direct Deposit via ACH) to the account listed below. In addition to electronic payment, I authorize the company to deliver remittance advice via electronic mail to the email address provided below and acknowledge that I will no longer receive a paper copy of remittance advice.

If funds to which I am not entitled are deposited into the account I authorize the Company to direct the financial institution to return said funds. This authorization is to remain in effect until the Company has received written notice from the undersigned terminating or changing this authorization.

Please email this completed form to: [land@bry.com](mailto:land@bry.com). Please allow 45-60 days for ACH payments to be setup.

Owner Name \_\_\_\_\_

Owner ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Account Type  Checking  Savings

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Remit email address \_\_\_\_\_

**Please attach a voided check, matching the above account information, in the box below:**



Please include **one** of the following items with this form:

1. One signature of a company representative and a voided check matching the above account information; or
2. Two signatures from company representatives provided in the box below:

<b>Owner or Company Representative #1</b>	
Name	_____
Title	_____
Signature	_____
<b>Company Representative #2</b>	
Name	_____
Title	_____
Signature	_____