



# 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:**

Continued on Page 2



# Owner Direct Deposit Enrollment Form

\*\*\*\*\*

## For Individuals/Estates/Trusts

1. On Page 1, attach a voided check in the space provided which matches the account information included on this form or provide Bank Letter verifying such account information.
2. Sign and date this form in the space noted below as Owner and return to bry.

<b>Owner</b>	
Name	_____
Signature	_____
Date	_____

## For Corporations/Partnerships/Limited Liability Companies/ Limited Liability Partners

Please select one of the following options:

**Option A (voided check provided):**

1. Attach a voided check in the box provided on Page 1 (which matches the account information included on this form) or provide Bank Letter verifying such account information.
2. One (1) Company Representative must sign, date, and print their Name and Title in the signature box below and return to bry.

**Option B (no voided check provided):**

1. Two (2) Company Representatives must sign, date, and print their respective Name and Title in the signature box below and return to bry.

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

**Corporate Office:**

16000 N. Dallas Pkwy., Ste 500  
Dallas, TX 75248

Owner Relations Line: (866) 306-0536