

SLANT OPERATING LLC DIRECT DEPOSIT FORM

OWNER NAME: _____ OWNER # _____

ADDRESS: _____

TAX ID # _____ - _____ - _____

BANK NAME _____

CITY/STATE _____

ROUTING # _____

ACCOUNT # _____ ACCOUNT TYPE CHECKING _____ SAVINGS _____

NOTE VOIDED CHECK OR BANK LETTER REQUIRED FOR DIRECT DEPOSIT SETUP

EMAIL ADDRESS: _____

SIGNED: _____

TELEPHONE #: _____

DATED: _____

Please mail to Slant Operating LLC, Attn Accounting Department, 3861 Ambassador Caffery Pkwy, Suite 601, Lafayette LA 70503 or email to kolivier@slantenergy.com.