

DIRECT DEPOSIT ENROLLMENT

PLEASE ATTACH VOIDED CHECK HERE

(ADD/CHANGE FORM)

ADDRESS AND CONTACT INFORMATION

| NAME: (LAST / FIRST | / MIDDLE INITIAL) | (OR COMPLETE COMPANY NAME) |
|---|-----------------------------|---|
| FIRST LINE ADDRESS | | |
| SECOND LINE ADDRESS | | |
| CITY, STATE, ZIP | | |
| PRIMARY PHONE NO. | | OWNER/PAYEE/ACCT NO. |
| SECONDARY PHONE NO. | | |
| EMAIL ADDRESS | | |
| Access check detail by setting up your a Alternatively, EnergyLink can send reve issues, you must contact them directly. Contact EnergyLink at 888-573-3364 to | nue check detail to the em | ail address you provide to them. For any EnergyLink access |
| DIRECT DEPO | OSIT ENROLLMENT/CH | IANGE OF PREVIOUS ENROLLMENT |
| Please provide the following information bank letterhead. We cannot accept depo | | D check or direct deposit payment instructions from your bank on ve the correct routing number. |
| Bank Name: | | |
| ABA Routing Number: | (FIRST NINE DIGITS IN LOWER | LEFT CORNER OF YOUR CHECK) |
| Account Name: | | |
| Account Type: | CHECKING | SAVINGS OTHER |
| Account Number: | | |
| | AUTHOR | RIZATION |

Please process the above direct deposit enrollment information effective immediately. For direct deposit information, I confirm that I am a registered owner of the account referenced above.

SIGNATURE:

PRINT NAME:

DATE:

PLEASE RETURN THIS FORM TO:

Liberty Resources Management Company, LLC Attn: Owner Relations 1200 17th Street, Suite 2200 Denver, CO 80202