



OWNER INFORMATION FORM

Owner Name: _____
Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Last 4 of Tax ID or SSN
Email: _____ (Required): _____

WORKING INTEREST OWNERS ONLY - AUTHORIZATION TO NET

I authorize my revenue to be netted against my Joint Interest Billings.
Net my Account: YES NO
Signature: _____ Date: _____

DIRECT DEPOSIT AUTHORIZATION FORM

To receive payments directly into your bank account, complete and sign the application below. All fields are required. The revenue statements will be emailed if you choose ACH. Also select how you would like to receive your joint interest billings, if applicable.

Name of Bank: _____
Name on Account: _____
Routing Number: _____ Account Number: _____
Email for ACH Summary: _____
Email for Revenue Stmt: _____
Account Type: Checking Savings

Authorization Agreement for Direct Deposit **MUST INCLUDE A VOIDED CHECK OR BANK CONFIRMATION**

I (we) hereby authorize Tallgrass Resources to deposit my revenue payments or make reversals into the account listed. The authority is to remain in full force and in effect until Tallgrass Resources has received written notification from me of its termination in such time and in such manner as to afford Tallgrass Resources and it's depository bank a reasonable opportunity to act on it.

Name: _____ Phone: _____
Signature: _____ Date: _____

WORKING INTEREST OWNERS ONLY - How would you like to receive your Joint Interest Billings? Check one:

Email Email Address: _____
Mail Mailing Address: _____
(If different than above)

EMAIL OR MAIL TO: ACCOUNTING@TALLGRASSRESOURCES.COM
TALLGRASS RESOURCES 1560 E 21ST ST STE 215, TULSA, OK 74114