



**OWNER INFORMATION FORM**

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Last 4 of Tax ID or SSN (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 LLC 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 LLC has received written notification from me of its termination in such time and in such manner as to afford Tallgrass Resources LLC 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 LLC 4200 E SKELLY DR STE 1000, TULSA, OK 74135**