

ELECTRONIC FUNDS TRANSFER (EFT/ACH) ENROLLMENTAPPLICATION

NEW APPLICATION \square CHANGE REQUEST \square CANCELLATION \square		
Revenue Owner Number:		
Payee Name:		
Address:		
Last 4 digits of SSN/Fed Tax ID	E-mail:	Phone:
The undersigned agrees that HighPeak Energy Inc. may reverse any electronic payment that is determined to be fraudulent, duplicate or made in error. Such payee further agrees that the authorization of EFT/ACH as evidenced by the signature below amends your existing payment instructions to HighPeak Energy. In the event that the EFT/ACH is unable to go through (e.g. due to closure or abandonment of an account, inaccurate account information, force majeure, etc.), HighPeak Energy Inc. will resume making payment to the undersigned by check. Please note that electronic payment will not begin until account information is verified and tested in HighPeak Energy's system. During this time, payments will be continued by check.		
Revenue Owners may obtain deposit deta	ail from the EnergyLink.com wel emailed.	bsite. Deposit detail will not be mailed or
Payee agrees to give HighPeak Energy Inc. thirty (30) days advance numerated herein, certify that the depository information listed Signature:	below is true and accurate and authorize High	Peak Energy Inc. to issue payments to me electronically.
	Print Name:	
Date:		
Bank Name (as it appears on check):		
ABA/Routing #:	Bank account #:	
Account Type: CHECKING Account Class: BUSINESS INDIVIDU	AL	
ATTACH A VOIDED CHECK COPY TO THIS FORM letter from your bank. <i>Forms without a check</i> mail to:		
HighPeak Energy Attn: Shena Hutto – EFT/ACH 421 W. 3rd Street, Suite 1000		

Revenue Owners: For any additional information or assistance, please contact Shena Hutto at 817.769.4663

Fort Worth, TX 76102