

CYPRESS OPERATING, INC.

ACH Direct Deposit Authorization/Enrollment Form

I, the undersigned, hereby agree to the terms stipulated herein, certify that the depository information listed below is accurate, and authorize Cypress Operating, Inc to issue payments to me electronically via EFT (electronic funds transfer). I further agree that this authorization amends my existing payment instructions and such authorization will remain in effect until otherwise cancelled or changed by way of giving at least thirty (30) days written notice to Cypress Operating, Inc. I agree that Cypress Operating, Inc will not be liable for any interest or other claim arising as a result of Owners failure to give such notice.

Owner #: _____

Owner Name: _____

Signature: _____ Date: _____

Title: _____ (E.G. "Owner", "Trustee", "Officer", etc.)

Joint Signature (if applicable): _____

Address: _____

Last 4 digits of Tax ID or Social Security Number: _____

Phone Number(s): _____

*Email Address: _____

*By signing and returning this form to Cypress Operating, Inc., I understand that any payments to me will be made by EFT, and all payment backup will only be sent to me via email. I understand and agree that if I do not provide an email address, I will not receive detail backup for my payment. _____ (Please initial)

Account Type: Checking / Savings (circle one)

Name(s) on Bank Account: _____

Name of Bank: _____

Bank Account Number: _____

Nine (9) Digit bank Routing Number: _____

If account is "checking," please attach a copy of a voided check.

Please return this form to:
Cypress Operating, Inc.
330 Marshall Street Suite 930
Shreveport, LA 71101