



ETOCO, L. P.

1600 Smith Street, Suite 3910

Houston, TX 77002

713-654-5010

Royalty@etoco.com

ROYALTY PAYMENTS INFORMATION

ETOCO, L. P. now offers Direct Deposit. Click the link below to download our form.

DIRECT DEPOSIT INSTRUCTIONS

If you would like your payments via Direct Deposit, please complete the supplied Authorization Agreement on page 2 of this document.

You must have a current email address and your owner number. Also, please attach/send a copy of a cancelled check or deposit slip. You can print and mail this form to the above address or email to royalty@etoco.com

You will receive the payment on the last day of the month and a payment detail report will be sent to your email address.

ALL PAYMENTS are made in accordance with applicable State Statues. The Minimum payment threshold is \$25 – therefore, payments will be made when the accumulated funds amount to \$25. Payments are made the last day of the month.

SUSPENDED PAYMENTS: For your protection, payment may be occasionally suspended due to questions regarding your account. Examples of when such suspension could occur include, but are not limited to:

- Check is returned for a bad address
- Title dispute
- During the process of transferring property
- Death of an interest owners

**AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT (ACH CREDITS)**

I (we) hereby authorize **ETOCO, L. P.** herein call COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to credit and/or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Electronic account information must be verified with your Financial Institution and/or attached a voided check and/or provide an account verification form from your Financial Institution.

Depository Account Name _____

Checking or Savings

Routing Number _____ Account Number _____
(For Electronic Transactions)

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Owner No. _____

Email Address _____

Authorized Account Signature(s) _____

Date _____

Requirements:

Company and Account Holder must retain a copy of this Agreement for two years past the last transfer date