



VENDOR ACH DEPOSIT ENROLLMENT FORM

I hereby authorize Roan Resources LLC (the Company) to deposit the proceeds of its accounts payable check directly into the bank account noted below via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until the Company has received written authorization from the undersigned terminating or changing this authorization.

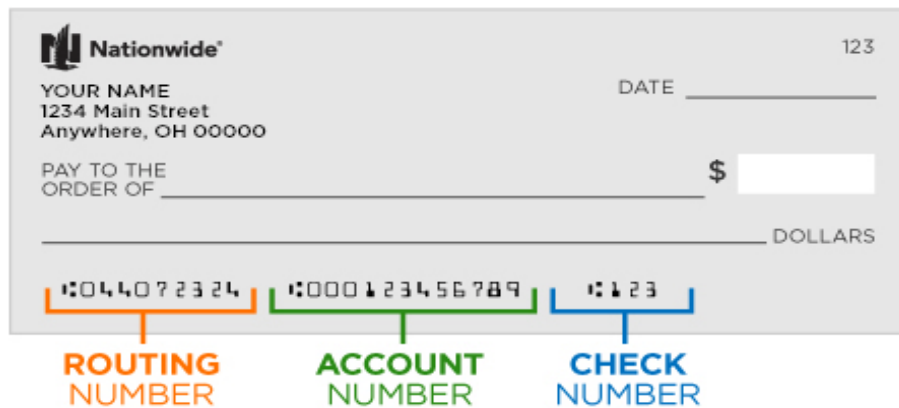
Request Type: New Application Request Change Request Cancellation

Vendor Name: _____ **PLEASE PRINT CLEARLY**

Vendor Code (If unknown, provide last four digits of SSN or Tax ID Number): _____

Address: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____



Attach a voided check over the sample. If checks are not available, attach the direct deposit form provided by your bank. Deposit slips are not accepted.

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Routing Number: _____ (9 digits) Account Number: _____

Name of Account Holder: _____

(If different from company, please state relationship.)

Account Type: Checking Savings

(Please check only one type of account)

Vendor Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Please allow a minimum of 45-60 days for Roan to process your enrollment request.