



### OWNER ACH DEPOSIT ENROLLMENT FORM

I hereby authorize Roan Resources LLC (the Company) to deposit the proceeds of its accounts payable or revenue 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.

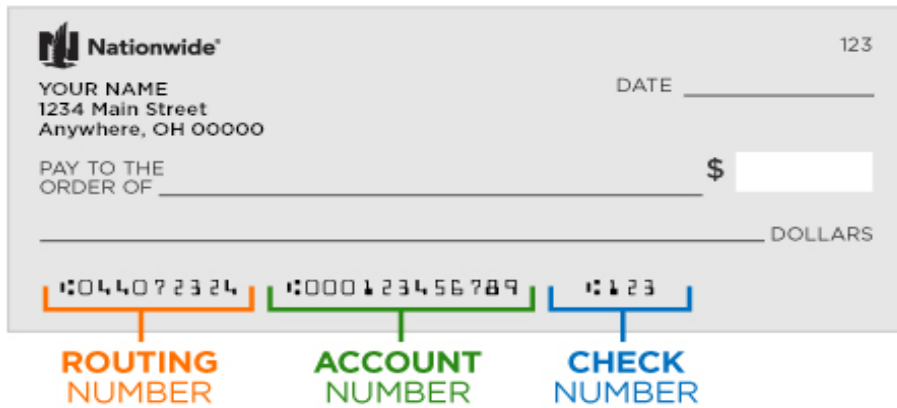
Request Type:  New Application Request  Change Request  Cancellation

Owner Name: \_\_\_\_\_ **PLEASE PRINT CLEARLY**

Owner 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)

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow a minimum of 45-60 days for Roan to process your enrollment request. By signing up for direct deposit, please note that you are opting in to electronic detail statements on our website through Oildex.