

DIRECT DEPOSIT ENROLLMENT FORM

| Please complete this application to receive payments via direct deposit to the financial institution of choice. |
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| Owner Name(s): |
| Designation (Corporate Officer, Trustee, Executor, Power of Attorney, etc.): |
| Owner Number: Phone #: |
| E-mail Address: |
| Owner Remittance Address: |
| City: State: Zip: |
| Preferred method of receiving owner statements: Email Mail Mail |
| Preferred method of contact: |
| STEP 2: Direct Deposit Information |
| ☐ Checking ☐ Savings ☐ Business ☐ Personal |
| Financial Institution Name: |
| Routing Number (9 digits): Account Number: |
| Name on Account (must match name above): |
| Failure to provide the requested information will delay your direct deposit enrollment ¹ . |
| STEP 3: Attach a pre-printed VOIDED CHECK (checking account), pre-printed letter from bank/financial institution (savings account) with account holder information signed by a bank officer on the bank's letterhead (handwritten names or account number and electronic signatures will not be accepted). Mail, or email your complete application to Owl Operating Ventures. |
| I authorize Owl Operating Ventures access to the listed account in order to directly deposit funds in accordance with the agreed payment obligations. Further, I certify the information provided is correct. I understand that paper statements are available to owners paid by direct deposit upon request. Electronic statements will be available of the Owner Relations website. I agree to provide at least 30 days written notice to Owl Operating Ventures prior revoking this authorization. I agree Owl Operating Ventures will not be held liable for any interest or other clais arising as a result of failure to provide written notice of any payment instruction changes. I also release and agree to indemnify and hold Owl Operating Ventures harmless for any loss, claim, damage, or interest incurred due my financial institution's failure to properly or promptly post any direct deposit payment and/or as a result of an error or omission in the payment instructions provided by or on behalf of myself. |
| Owner/s or Authorized Representative Signature/s (Required) Date |

¹ Please note your designated financial institution must be located within the United States. All incomplete applications will not be processed and will be returned to owner. Direct deposit applications take 60 days to process. The posting of funds may vary, and we strongly recommend you check with your financial institution to determine when your funds will be available.