



### Interest Owner Direct Deposit (ACH) Authorization/Enrollment

NEW APPLICATION  CHANGE REQUEST  CANCELLATION

Owner Number: SMI001

6 digit alpha-numeric code that appears on your revenue stmt. Leave blank if you do not know your owner code.

Printed Name(s) as shown on your Sponte Operating, Inc. account: John Smith

Email: johnsmithemail@provider.com Phone: 214-867-5309

Last 4 of Primary Owner's Tax Identification Number (reported on IRS Form W-9): 1234

Last 4 of EIN must match our records.

By signing below, I authorize Sponte Operating, Inc. and my bank to electronically deposit my payment to the account specified below and to provide statement and remittance information via the email address above if I have provided one. I understand that this authorization will remain in effect until I notify Sponte Operating, Inc. by completing a new Direct Deposit Enrollment Form canceling or changing my information.

NOTE: Electronic signatures are NOT accepted.

I agree to the terms enumerated herein and certify that the depositor is the owner of the account and that Sponte Operating, Inc. may reverse any payment determined to be in error.

For joint accounts, both owners must sign to authorize the set up/change of instructions.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Electronic signatures are not accepted. If you have a joint account, both interest owners must sign.

Print Name: John Smith Print Name: \_\_\_\_\_

Bank Name (as it appears on check): Bank Name  
ABA/Routing #: 111000333  
Bank account #: 1234567890  
Banking information MUST match the information that appears on your voided check.

Account Type (check one):  CHECKING  SAVINGS  
Account Class:  BUSINESS  INDIVIDUAL

ATTACH A VOIDED CHECK COPY TO THIS FORM. If no check copy can be provided, please obtain an account verification letter from your bank. Forms without a check or verification letter will not be processed.

E-mail a copy of voided check and the completed form to: [ownerrelations@sponteoperating.com](mailto:ownerrelations@sponteoperating.com).

Or return your documents by mail (additional processing time may be required) to:

Sponte Operating, Inc PO Box 131323 Dallas, TX 75313

PLEASE ALLOW 60-90 DAYS FOR THIS REQUEST TO BE COMPLETED.  
Please contact owner relations at [ownerrelations@sponteoperating.com](mailto:ownerrelations@sponteoperating.com) or (469) 529-2203.

700 N Pearl St., Suite N2150 • Dallas, Texas 75201 • (214) 201-0165

NOTE: You MUST include a voided check with the returned form. Forms received without a voided check to verify instructions will NOT be processed.