Interest Owner Direct Deposit (ACH) Authorization/Enrollment

NEW APPLICATION ☐ CHANGE REQUEST ☐ CANCELLATION ☐

Owner Number: _____

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

_____

Email: _____ **Phone:** _____

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

By signing below, I authorize Sponte Operating, Inc. and my bank to electronically deposit my payment to the bank 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.

I hereby agree to the terms enumerated herein and certify that the depository information listed below is true and accurate. I agree that Sponte Operating, Inc. may reverse any payment determined to be fraudulent, duplicate, or made in error.

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

Print Name: _____ Print Name: _____

Bank Name (as it appears on check): _____

ABA/Routing #: _____

Bank account #: _____

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.

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

Sponte Operating, Inc 700 N Pearl Street, Suite N2150 Dallas, TX 75201

PLEASE ALLOW 60 DAYS FOR THIS REQUEST TO BE COMPLETED.
For questions, please contact owner relations at ownerrelations@sponteoperating.com or (469) 529-2200.