



## Direct Deposit Agreement Form

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### Authorization Agreement

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I hereby authorize American Helium Operating, LLC to initiate automatic deposits to my account at the financial institution named below. Further, I agree not to hold American Helium Operating, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until American Helium Operating, LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Division Order Department.

OWNER NUMBER \_\_\_\_\_

**OWNER NAME** \_\_\_\_\_

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### Account Information

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Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ ☐ Checking ☐ Savings

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### Signature

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Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Division Order Department. If you have any questions, you may contact Melinda Pinner, at 713-769-0960 or [mpinner@americanhelium.us](mailto:mpinner@americanhelium.us)