

By signing in the space provided below, I authorize Bayou State Oil Corporation to send my royalty payments via Electronic Funds Transfer (Direct Deposit), and I agree the terms and conditions set forth below:

Please deposit my payment in my	checking	savings account (Please check one).
•	_	direct deposit, please contact your financial sometimes they are different for checking
Bayou State Owner Number:		
Owner Name:		
Social Security or TIN#:		
Contact Phone Number:		
E-mail Address (please see below):		
Financial Institution:		
Routing Number:		
Account Number:		
	· · · · · · · · · · · · · · · · · · ·	check stub or remittance advice will be sent er copy of your check stub will be sent via
Signature:		Date:
****PLEASE INCLUDE A	A VOIDED CHECK W	ITH THIS FORM****

Return form, along with the voided check to:

Bayou State Oil Corporation Attn: Margaret Sarkozi P. O. Box 7886 Shreveport, La. 71137