



Authorization Agreement for Transfer of Direct Deposit (ACH Debit/Credit) Information

Request Type: New Application Request Change Request Termination

Owner Name ("Owner"): _____

Owner Number: _____ Federal Tax I.D. # / SS #: _____

Bank Name: _____

Bank Address: _____

Please Check Account Type: Checking or Savings

Bank Routing Number: _____ Bank Account Number: _____
(Must be nine (9) digits)

The Owner hereby authorizes Ascent Resources – Marcellus, LLC ("Ascent") to make ACH direct deposit payments (and appropriate debit and adjustment entries for any deposits determined to be fraudulent, duplicate or made in error) to the financial institution and account designated herein. Owner acknowledges that all ACH direct deposit payments to its account must comply with the provisions of U.S. law. Owner agrees not to hold Ascent or its affiliates responsible for any delay or loss, claim or damage due to (i) incorrect or incomplete information supplied by Owner or its financial institution or (ii) any error on the part of its financial institution, including, but not limited to, the posting of any payment by Ascent. This authorization will remain in full force and effect until Ascent receives 30 days written notice from the Owner requesting termination or changes to this Authorization Agreement.

IMPORTANT: Please attach a voided check or other official bank document verifying your account information (account number, routing number, bank name and account holder name) and provide your email address to expedite future communication. We will not disclose your email address to third parties.

Attach Voided Check Here

If you choose to receive electronic payments, you will no longer receive payment detail by mail. Please allow 2 – 4 weeks for set-up of your electronic payments. During this time you will continue to receive checks via U.S. Mail. Payment detail will be easily accessible online at AscentResources.com. If you have questions concerning this form please contact Ascent owner relations at 405-252-7600.

Signature: _____	Date: _____
Print Name: _____	Phone: _____
E-mail: _____	Fax: _____

PLEASE RETURN YOUR FULLY EXECUTED COPY OF THIS AUTHORIZATION AGREEMENT VIA REGULAR MAIL OR E-MAIL TO:

Ascent Resources - Marcellus, LLC Attn: Owner Relations 3501 NW 63 rd St Oklahoma City, OK 73116	Email: ownerrelations@ascentresources.com
--	---