

R. LACY SERVICES, LTD.

DIRECT DEPOSIT ENROLLMENT FORM (OPTIONAL)

Name of Owner _____ Owner Number (on Check Detail or Division Order) _____

Street Address or P. O. Box _____ Tax ID or Social Security Number _____

City _____

New Request: _____

Change Request: _____

State _____

Zip Code _____

Daytime Phone No. _____

Email Address : _____

(Required)

Name/Address of Financial Institution: _____

Routing Transit Number (9 digits): _____

Account Number: _____

Type of Account (Circle one): Checking Savings

REQUIRED: Attach VOIDED check OR Document from Financial Institution with above information & Account Name (If Backup Document not received, paper check will be issued instead)

The undersigned, hereinafter called "Owner", represents that it owns oil, gas, and/or mineral interest(s), the proceeds of which are currently distributed by either R. Lacy Services, Ltd. or Crain Energy, Ltd. (referred to as "Payor").

Owner authorizes Payor to remit future payments due Owner for its interest under the owner number and in accordance with the information shown above by Direct Deposit. Owner agrees that all affected agreements between Owner and Payor will be amended to allow Direct Deposit payments and to extend the date of transfer for Direct Deposit payments to three (3) calendar days beyond the date of the regular check issuance. Payor agrees not to remove funds from Owner's financial institution account.

Owner agrees to give Payor thirty (30) days advance written notice of any change in the payment instructions shown above. Owner agrees that Payor will not be liable for any interest or other claim arising as a result of Owner's failure to give such notice. Further, Owner hereby releases and agrees to indemnify and hold Payor harmless for any loss, claim, damage, or interest incurred as a result of Owner's financial institution's failure to properly or promptly post any such Direct Deposit. Owner also agrees that Payor may at any time discontinue payments by Direct Deposit.

NOTE: When properly executed, this authorization will become effective thirty (30) days after it is received by Payor. During the transition of your account to Direct Deposit, you will continue to receive your royalty checks by mail at your address on file.

Owner's Signature - REQUIRED FOR PROCESSING _____

Date _____

Joint Owner Signature, if applicable _____

Date _____

Return to: R. Lacy Services, Ltd.
P. O. Box 2146
Longview, TX 75606
jlacy@rlacy.com OR elacy@rlacy.com

Fax Number : 903-758-5098

Telephone : 903-758-8276