



DIRECT DEPOSIT ENROLLMENT FORM

I hereby authorize BKV Corporation and its subsidiaries and affiliates (collectively "BKV") to make electronic funds payment via ACH/Direct Deposit to the below bank account. This authorization will remain in effect for BKV, if available, until 30 days after written notice is received by BKV from named individual and/or entity requesting termination or changes. By electing to receive ACH/Direct Deposit, you will no longer receive paper checks.

ALL FIELDS MUST BE COMPLETED FOR ACCEPTANCE

Individual/Entity Name: _____

Business Associate/Owner Number (if known): _____

Phone Number: _____

Email: _____

Bank Name: _____

Bank Branch Name: _____

Bank City: _____

Bank State: _____

Bank Zip Code: _____

ABA Routing Number: _____

Bank Account Number: _____

Social Security Number/TIN: _____

Account Type: ☐ Checking ☐ Savings

Signature: _____

Print: _____

Date: _____

A VOIDED CHECK IS REQUIRED TO PROCESS ENROLLMENT

If you do not have a check for the bank account you are registering, please provide formal documentation verifying your account information. Specifically, an account confirmation letter on the bank's letterhead, signed by an authorized bank account representative.