



Direct Deposit Enrollment Form

I hereby authorize BKV Corporation and its subsidiaries and affiliates (collectively "BKV") to make electronic funds payments 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 / Vendor 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

☐

Saving

Signature:

Print:

Date:

Attach / Include Voided Check Here.

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.