



Direct Deposit Form Instructions

1. **Fill** in your information, completing all fields.
2. **Sign** the form.
3. **Attach** a voided check or signed letter from your financial institution detailing your ACH instructions.
4. **Mail** the completed form and an original voided check to the address below. We will not accept a copy of the voided check.

3R Operating, LLC
C/O CAMS
Attn: Owner Relations
910 Louisiana Street, Suite 2400
Houston, Texas 77002



Electronic Funds Transfer (EFT) Enrollment Form

I, _____, authorize 3R Operating, LLC and/or its affiliates/subsidiaries to make electronic funds payments via ACH to my bank account. This authorization remains in effect unless 30 days' written notice is received by the Company from the undersigned requesting termination or changes.

Request type: New Application Request Change Request Cancellation

Owner Name: _____

Owner Number: _____ SS # or Federal Tax ID: _____

Owner Mailing Address: _____

Phone Number: _____ E-mail: _____

Financial Institution Name: _____

Name on Bank Account: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Dual signatures are required if the interest is owned jointly.

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

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