

BML Inc. DIRECT DEPOSIT ENROLLMENT FORM

Instructions

OWNER DIRECT DEPOSIT AUTHORIZATION:

I authorize BML to send payment via Electronic Funds Transfer (Direct Deposit via ACH). This authorization will remain in effect until I have informed BML in writing that I wish to cancel it and BML has reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.

Please deposit my payment in my **checking** ____ or **savings** ____ account (check only one).

Owner Name: _____

Social Security or TIN: _____

BML Owner Number(s) (list all): _____

Phone Number: _____

**** Email Address (required):** _____

PLEASE ATTACH A **VOIDED CHECK OR DEPOSIT SLIP** TO THIS FORM AND PROVIDE THE FOLLOWING:

Bank Name: _____

Bank Routing (ABA) Number: _____

Bank Account Name: _____

Bank Account Number: _____

Owner Signature: _____ Date: _____

****BML requires you to provide an email address in order to receive your Revenue detail statement.**

BML will not be able to send your detail by mail using the ACH feature. To avoid payment delays, please notify BML of any banking or email address changes.

Please return **APPLICATION** by mail or fax to the address below:

Mail to: BML, INC.
P.O. BOX 5061
ABILENE, TX 79608-5061

FAX: 325 676-3358 or 866.776.3358

For Questions, contact Sophia Villanueva

Phone 325.676.3355 X225 or 800.588.0265 or Email: Sophia@bmloil.com