



1700 Lincoln Street, Suite 3200, Denver, Colorado 80203

ACH/Direct Deposit Enrollment/Change Form

1. Complete form below including a signature
2. Attach a letter from your financial institution dated within the last 6 months. The letter should include: name on account, type of account (checking or savings), routing number & full bank account number.
We do not accept voided checks as proof of banking information.
3. Return this form with attachments to our secure email address: ownerrelations@sm-energy.com
or fax to **303-863-7539**
4. If you have any questions, please contact the Owner Relations line **303-863-4367**
5. An SM ENERGY authorized representative will verify all information provided via a secondary contact prior to setup.
6. Please allow 30-60 days for SM Energy to process your request.
7. Revenue detail for payments is available at EnergyLink; an email address and SM Owner number is required for setup.

Owner Name		Owner Address	
<input type="text"/>		<input type="text"/>	
Owner Number			
<input type="text"/>		<input type="text"/>	
Owner Remit Address (If different)		Federal tax ID/Social Security #	
<input type="text"/>		<input type="text"/>	
<input type="text"/>			
<input type="text"/>			
Email Address		Phone Number	
<input type="text"/>		<input type="text"/>	

NEW BANKING INFORMATION

Financial Institution Name	Financial Institution Routing Number
<input type="text"/>	<input type="text"/>
Financial Institution Account Number	Account Type - check one
<input type="text"/>	Checking <input type="checkbox"/>
	Savings <input type="checkbox"/>
Financial Institution Account Contact Name & Phone Number	
<input type="text"/>	
<input type="text"/>	
Printed Name	Date
<input type="text"/>	<input type="text"/>
Signature	
<input type="text"/>	

By signing above I certify that the depository information listed above is accurate and I authorize SM ENERGY to issue payment electronically via ACH/Direct Deposit.

OLD BANKING INFORMATION

Financial Institution Name	Financial Institution Routing Number
<input type="text"/>	<input type="text"/>
Financial Institution Account Number	Account Type - check one
<input type="text"/>	Checking <input type="checkbox"/>
	Savings <input type="checkbox"/>
Financial Institution Account Contact Name & Phone Number	
<input type="text"/>	
<input type="text"/>	
Printed Name	Date
<input type="text"/>	<input type="text"/>
Signature	
<input type="text"/>	

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