

Direct Deposit Change Request Form

For Revenue Owners

Payee Information

Payee number _____
Name on Account _____
Legal Name of Business _____
Address _____
City, State and Zip _____
Federal Tax ID No./SSN _____

Bank Information: (ACH Banking Info.)

New Information:

Bank Name _____
Address _____
City, State and Zip _____
Bank Routing No. (ABA) _____
Bank Account Number _____
Payee's Remittance E-Mail Address _____

Old Information:

Bank Name _____
Bank Routing No. (ABA) _____
Bank Account Number _____

Please be sure to include a voided check of the new account

The undersigned hereby authorizes Antero Resources Corporation to make electronic funds transfers to the bank account specified above for the named Vendor for payment for goods and/or services. I hereby certify that I am duly authorized to sign this Authorization Agreement on behalf of said Vendor and that Antero may rely on this authorization and any instructions of the undersigned or any one of the above named Vendor Contacts in connection with funds transfers. I agree to provide Antero with a new Authorization Agreement, duly completed and executed, in the event of any changes, including changes in contact information. Antero shall be entitled to rely on the most recently dated Authorization Agreement which will supersede all previous agreements.

Payee Authorization

Name _____ Signature _____

Title _____ Date _____

(if account other than individual, include title, e.g. "Trustee" or "President")
