

Revenue Payment Direct Deposit Enrollment Form

To take advantage of direct deposit, please complete this form entirely. If you choose direct deposit, you will no longer receive a check in the mail. The check detail is available online, via email or through regular mail. If you do not provide an email address below, your check detail will be mailed to you. You can receive your check detail via email if you provide your email address below, or you may log into your account through EnergyLink's secure website to view or download your detail. If you do not have an account, please contact Energy Link at 888-573-3364 or email help@energylink.com

If you have already signed up for direct deposit for this owner number, you DO NOT need to sign up for new well(s). The first time you sign up will cover all future wells(s).

Enrollment Type (check one): ☐ New Enrollment		☐ Request Change	☐ Request Cancellation
Owner Name:			
Gulfport Owner Number:		SSN# or Federal Tax ID:	
Owner Mailing Address:			
*If the address listed is different than the add	ress on the account, Gult	port will update the owner's acc	count to reflect the mailing address noted above.
Phone Number:	Emai	l:	
Account Type (check one):	☐ Checking	☐ Savings	
Financial Institution Name:			
Routing Number:	Bank Account Number:		
	_		A VOIDED CHECK OR LETTER PAYMENT INSTRUCTIONS.
agrees that authorization of EFT (electronic f the event that EFT is unable to go through (e making payment to you via check. I hereby	funds transfer) as evidence.g., due to closure or ab agree to the terms enun	ced by the signature(s) below a andonment of an account or in nerated herein, certify that the	to be duplicate or made in error. Such owner further imends your existing payment instructions to us. In accurate account information), Gulfport will resume depository information listed above is accurate and Gulfport, signatures of both parties are required.
Gulfport Energy Corporation	1	Signature:	
Attn: Division Orders 713 Market Drive		Signatura	
Oklahoma City, OK 73114		Signature	
, ,		Date:	

PLEASE ALLOW 90 DAYS FOR THIS REQUEST TO BE COMPLETED Before mailing, please remember to:

- Provide your tax ID or Social Security on the designated line above.
- Sign and date the form (all owner signatures are required for joint accounts, joint tenants, trusts, estates, etc.)
- Attach a voided check or attach the letter from your financial institution.
- Provide your email address above if you would like to receive your check details via email. To receive your check detail via mail or you will retrieve online via EnergyLink, leave the email address line blank.
- Verify all information is correct. Missing and/or incorrect information will delay setup of direct deposit.

FOR OFFICE USE ONLY					
DIVISION ORDERS	ACCOUNTS PAYABLE	TREASURY			