



Supplier ACH Authorization Agreement (Direct Deposit)

SUPPLIER INFORMATION

Supplier Name: _____

Supplier Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

E-mail address for remittance advice: _____

Reporting Tax ID Number on W9: _____

BANKING INFORMATION

Bank Name: _____

Bank City/State: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type (Checking/Savings): _____

SUPPLIER AUTHORIZATION

Signature: _____

Print Name: _____ Title: _____

Date: _____ Direct Phone Number: _____

*I hereby authorize Battalion Oil Corporation to make electronic payments via ACH to my bank account. In the event that the ACH is unable to go through (e.g., due to closure or abandonment of an account or inaccurate account information), Battalion will resume making payments to me with a printed check. I understand I will continue to receive a check while the ACH request is processed, which may take up to 30 days. This authorization is to remain in place until Battalion has received written notice to terminate or change this authorization.

Please return form by e-mail to Houstonaccountspayable@battalionoil.com