

ACH Payment/Direct Deposit Authorization

To authorize Iskandia Energy Operating, Inc. to provide revenue payments via ACH/Direct Deposit, please provide the below information, sign, date and return to Revenue@iskandia.com or mail to the address at the bottom.

address at the bottom.		New Address	
Owner Information			
Owner Number*			
Owner Name*			
Owner Address*			
Email Address*			
The email address is req	uired to provide the AC	CH payment confirmation and the revenue summar	
statement.		• ,	
New	/ Sign-Up	Bank Change	
Bank Information			
Bank Name*			
Bank Address*			
Account Type*	Checking	Savings	
Routing Number*	_		
Account Number*			
*-Required			
Please include a voided ch	<mark>neck.</mark>		
Signature:		Date:	
For questions, contact Re	evenue@iskandia.com.		