



ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

To take advantage of direct deposit, please return the information requested below (including a voided check or a letter from your financial institution detailing your ACH payment instructions – **do NOT send a deposit slip**) by mail or email as a PDF document to **ACH@gulfportenergy.com**

Owners electing to receive direct deposit will be able to access revenue details through the EnergyLink secure website. Owners may view, print or have the revenue data emailed at **no cost**, or you may choose to capture the details electronically. If you need Energy Link support, please call 1-888-573-3364 or email help@energylink.com.

Request Type: New Application Request Change Request Cancellation

Account Type: Checking Savings account (please check one)

Personal Corporate account (please check one)

Owner Name: _____

Gulfport Owner Number: _____ **SSN# or Federal Tax ID:** _____

Owner Mailing Address: _____

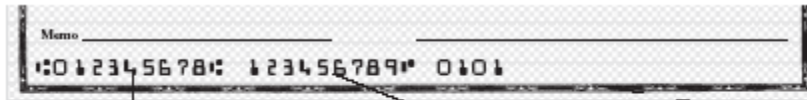
**If the address listed is different than the address on the account, Gulfport Energy Corporation will update the owner's account to reflect the mailing address noted above.*

Phone Number: _____ **Email:** _____

Financial Institution Name: _____

Routing Number: _____ **Bank Account Number:** _____

(Must be 9 digits)



Routing / Transit #
(A 9-digit number always
between these two marks)

Bank Account #

The undersigned hereby agrees that Gulfport may reverse any electronic payment that is determined to be duplicate or made in error. Such owner further agrees that authorization of EFT (electronic funds transfer) as evidenced by the signature(s) below amends your existing payment instructions to us. In the event that EFT is unable to go through (e.g., due to closure or abandonment of an account or inaccurate account information), Gulfport will resume making payment to you via check. I hereby agree to the terms enumerated herein, certify that the depository information listed above is accurate and authorize Gulfport to issue payments to me electronically via ACH. **If you have a joint account within Gulfport, signatures of both parties are required.**

Signature: _____ **Printed Name:** _____

Signature: _____ **Printed Name:** _____

Date: _____ **Date:** _____

Please complete this form entirely and return with a voided check to:

Gulfport Energy Corporation
Attn: ACH
3001 Quail Springs Parkway
Oklahoma City, OK 73134

or

Email: ACH@gulfportenergy.com