

Electronic Funds Transfer (EFT): Direct Deposit Enrollment Form



Contact Information

Last, First and Middle Initial (or Company Name) Owner Number/SSN

Address, City, State, Zip

Email Address (required for check statement notification) Phone Number

Authorization

With my signature below, I confirm that I am a revenue interest owner or an authorized representative. I agree that the terms and conditions of all agreements with Vitruvian II Woodford, LLC ("Payor") concerning method of timing of payments shall be amended as provided herein. Payor assumes no responsibility for any loss initiated by errors, omission or delays caused by my depository bank. Payor assumes no responsibility for fees or deductions made by my depository bank. I agree to hold Payor harmless and indemnify Payor from and against all liabilities, claims, losses, costs, expenses and damages of any kind including direct, indirect, consequential and punitive asserted against Payor directly or indirectly from or arising out of the electronic transfer of funds contemplated by this enrollment form. I hereby authorize and request Vitruvian II Woodford, LLC to make payments via electronic transfer into the referenced account and statement notification to be electronically emailed to the email address above upon account activation. I have read, and agree to the terms and conditions in the attached direct deposit information sheet.

SIGNATURE IS REQUIRED.

Printed Name(s)	Signature(s)	Date
-----------------	--------------	------

Bank Information

Complete the banking information below or include a pre-printed voided check or savings deposit slip (PDF or scanned copy is acceptable). Savings deposit slips do not always contain the correct routing number. Please confirm ABA number with your bank before submitting.

Bank Institution Name

ABA or ACH Routing Number Account Number

Account Type: Checking, Savings, Money Market

Return To:

Vitruvian II Woodford, LLC
4 Waterway Square Place
Suite 400
The Woodlands, TX 77380
Fax: (832) 458-3101