



Direct Deposit Enrollment/Change Form

Step 1:

New Enrollment Change Cancel

XXX-XX-____

Owner Name or Company	Title of position (If Company)	Last four digits of Tax ID or Social Security Number	Owner Code
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Street Address or P.O. Box	Email Address
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City	State	Zip	Daytime Phone Number
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Step 2: Check box to **change the address** currently on file with Capital Star Oil & Gas, Inc. to the one listed above

Step 3: Select the type of account: Checking Savings/Money Market/Brokerage/Other

Step 4: REQUIRED DOCUMENTATION: Please provide the required documentation for verification purposes. Failure to provide the required documentation will result in the delay of your Direct Deposit enrollment/change.

• If a **Checking** account:

ATTACH: Voided Check with Preprinted Name (as stated on the account) and Address Information

Note: If you are not able to send a voided check, follow directions for other accounts

• If a **Savings/Money Market/ Brokerage/Other** account:

*If you have checks for your account, you can submit a voided check

ATTACH: Signed letter from the bank or firm on their letterhead with the following information:

- (1) Name, as stated on the account
- (2) Owner Address
- (3) Last four digits of Social Security or Tax Identification Number
- (4) Account Number
- (5) Routing Number

The undersigned, hereinafter called "Owner", represents that it owns oil, gas, and/or mineral interests the proceeds of which are currently being distributed by Capital Star Oil & Gas, Inc. Owner authorizes Capital Star Oil & Gas, Inc. to remit future payments due Owner for its mineral interest under the owner number and in accordance with the information shown above by Direct Deposit. Owner agrees that all affected agreements between Owner and Capital Star Oil & Gas, Inc. (or its affiliates) will be amended to allow Direct Deposit payments and to extend the date of transfer for Direct Deposit payments to three (3) business days beyond the date of the regular check issuance. Capital Star Oil & Gas, Inc. agrees not to remove funds from Owner's depository institution account.

Owner agrees to give Capital Star Oil & Gas, Inc. thirty (30) days advance written notice of any change in the payment instructions shown above. Owner agrees that Capital Star Oil & Gas, Inc. will not be liable for any interest or other claim arising as a result of Owner's failure to give such notice. Further, Owner hereby releases and agrees to indemnify and hold Capital Star Oil & Gas, Inc. harmless for any loss, claim, damage, or interest incurred as a result of Owner's depository institution's failure to properly or promptly post any such Direct Deposit. Owner also agrees that Capital Star Oil & Gas, Inc. may at any time discontinue payments by Direct Deposit.

NOTE: When properly executed, this authorization will become effective thirty (30) days after it is received by Capital Star Oil & Gas, Inc.. During the transition of your account to Direct Deposit, you will continue to receive your royalty checks by mail at your address on file.

Step 5:

Owner's Signature - REQUIRED FOR PROCESSING	Date
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Joint Owner's Signature, if applicable - REQUIRED FOR PROCESSING	Date
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Please mail / fax / email form to: Capital Star Oil & Gas, Inc. 4400 Post Oak Pkwy, St 2360, Houston, TX 77027
Fax: 713-621-2197; Email: info@csoginc.com

For additional information, please contact Owner Relations at 844-663-2764