

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Owner Name: _____

Owner Code: _____

I (we) hereby authorize Omimex Canada, Ltd. hereinafter called Omimex, to initiate credit entries to my (our): **(select one)** **Checking** Account or **Savings** Account indicated below, at the depository Financial Institution named below, and to credit the same from such account. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

Name(s) on Account _____

This authorization is to remain in full force and effect until Omimex has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford Omimex and Financial Institution a reasonable opportunity to act on it.

Name(s) _____ Last 4 of TIN or SS# _____
(Please Print)

Date _____ Signature _____

Phone Number _____ **Please attach a voided check.**

AUTHORIZATION FOR STATEMENTS VIA E-MAIL

Omimex is now requiring ACH advice and Revenue Summary Statements to be e-mailed for those persons having their revenues paid via ACH. Joint Interest Billings and Accounts Receivable Summary Statements can be sent via e-mail and/or postal mail. Please fill out the following section to indicate your choice of e-mail only or e-mail and postal mail for JIBs and ARS Statements (WI owners only).

Statement Type:	E-mail address:	(check one)	
		E-mail only:	E-mail & Postal Mail:
Joint Interest Billing	_____	_____	_____
ARS Statement	_____	_____	_____
Revenue Statement/ACH Advice	_____	(e-mail only required for ACH)	

If you have any questions, please call 817-460-7777.

IMPORTANT NOTE: Omimex has had ongoing problems sending e-mails to Charter e-mail addresses. If you have a Charter e-mail account, please open a new account (there are many free ones such as hotmail, yahoo mail, or gmail from google) to ensure that you receive your statements.

**Please mail completed form to:
Omimex Canada Ltd., 7950 John T. White Rd, Fort Worth, TX 76120
OR fax completed form to 817-460-1381
OR e-mail completed form to revocl@omimexgroup.com**