
Interest Owner Electronic Funds Transfer/Email Request

CHANGE FORM

DATE: _____

So that we may update our information to make electronic payments and email documents, please complete the following information:

Owner Name: _____ **Federal Tax ID/SSN#:** _____

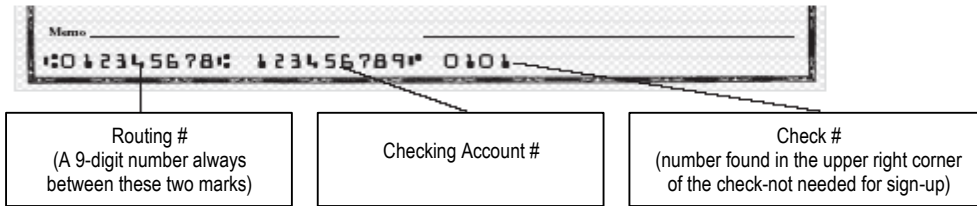
Phone Number: _____

Address: _____

Bank Name: _____ **Bank Address:** _____

Checking account or **Savings account** (please check one)

Routing Number: _____ **Bank Account Number:** _____
(must be 9 digits)



Primary Contact Email: _____

I certify the depository information listed above is accurate and I authorize **Artex Oil Company** to issue payment electronically via ACH. (Signature must be that of an authorized representative).

Signature: _____ **Date:** _____

Printed Name: _____ **Phone #:** _____

Please complete this letter and return it to **Artex Oil Company 2337 State Route 821 Marietta, OH 45750** or email aoc@artexoil.com or fax to **(740) 373-2750**. If you have any questions, please call **(740) 373-3313**. Thank you.
