



Authorization for Direct Deposit

To activate direct deposit, please complete the information below and attach a copy of a voided check from your checking or savings account or a letter from your financial institution on their letterhead. The vendor information must match the payee name or company name we have on file for your account. Your vendor number can be found in the lower left corner of your paper check stub. You must also provide an email address as payment support will be provided via email.

REQUEST TYPE: New Request Update Request

VENDOR NAME: _____

VENDOR NUMBER: _____

LAST FOUR DIGITS OF TAX ID OR SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME OF BANK: _____

BANK ADDRESS: _____

BANK CITY: _____ BANK STATE: _____ BANK ZIP: _____

BANK ACCOUNT #: _____ ABA/ROUTING #: _____

ACCOUNT TYPE: Checking Savings

The undersigned hereby authorizes Arsenal Resources LLC, its affiliates and subsidiaries ("Arsenal") to initiate credit entries and, if necessary, debit entries for any errant or duplicate credit entries to the account listed above. The undersigned understands that this election is an amendment to existing payment instructions to Arsenal. In the event that the direct deposit is unable to go through (due to closure or abandonment of the account), Arsenal will resume paper check payments to the vendor. The undersigned understands that this authorization will remain in full force and effect until notifying Arsenal, in writing, of the request to revoke this authorization. Further, I (we) understand that Arsenal requires at least two weeks' notice in order to cancel this authorization.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Submit your completed form along with a voided check to:

Arsenal Resources LLC
Attn: Accounts Payable
6031 Wallace Road Ext, Suite 200
Wexford, PA 15090