



DIRECT DEPOSIT/ACH (Automated Clearinghouse Network) AUTHORIZATION FORM

Step 1: New Enrollment Change Cancel

Owner Name or Company Title of position (if Company)

Owner Address City, State Zip code

(_____) _____
Daytime phone number TIN or Last 4 digits of SSN (REQUIRED)

8 digit BPX Owner Number Email address

Step 2: Check box to **change the address** currently on file with bpx energy to the one listed above.

Step 3: REQUIRED INFORMATION: Failure to provide the required information will result in the delay of your Direct Deposit enrollment/change.

Depository/Bank institution name

Depository/Bank address

Depository institution routing number (9 digits)

Name on account Account number (Note: this must be a checking account only)

I (we) authorize bpx energy to access to the listed account in order to electronically deposit funds in accordance with the agreed payment obligations. Further, I (we) certify the information provided is correct. I (we) agree to provide at least 30 days written notice to bpx energy prior to revoking this authorization.

Owner Name or Authorized Representative Date

Owner Signature or Authorized Representative Title (if corporation or business assoc.)

SCAN AND EMAIL A VOIDED CHECK to: bpxownerrelations@bpx.com

Please allow 4 to 6 weeks for set-up and testing. Paper statements are not available to owners paid by ACH. Paper statements are only available to owners who receive payment by check. If you would like to be paid by check and receive paper statements, please email us a written request.

bpx contact information:
1-800-732-6626
bpxownerrelations@bpx.com
<https://bpxownerrelations.bpx.com>