



SILVERBACK OPERATING II, LLC / ELECTRONIC PAYMENT SETUP

ADDRESS AND CONTACT INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

SOCIAL SECURITY NUMBER OR TAX ID _____

PREFERRED TELEPHONE NUMBER _____

OWNER NUMBER (from revenue statement) _____

E-MAIL ADDRESS (Required to receive ACH payments and e-statements) _____

ACH ENROLLMENT/CHANGE OF PREVIOUS ENROLLMENT

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NAME: _____

BANK ACCOUNT NUMBER: _____



PLEASE INCLUDE A VOIDED CHECK, DEPOSIT SLIP OR BANK LETTER THAT INCLUDES ROUTING AND BANK ACCOUNT NUMBERS. THIS IS REQUIRED FOR THIS FORM TO BE PROCESSED BY SILVERBACK

AUTHORIZATION

Please process the above address change/ACH enrollment information effective immediately. For ACH information, I confirm that I am a registered owner of the account referenced above.

SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM TO:

Email: ask@lislv.com

Mail: Silverback Operating II, LLC
6608 N Western Ave, #607
Oklahoma City, OK 73116

Phone: 833-TOASKUS