



DIRECT DEPOSIT ENROLLMENT
(ADD/CHANGE FORM)

ADDRESS AND CONTACT INFORMATION

NAME: (LAST / FIRST / MIDDLE INITIAL) (OR COMPLETE COMPANY NAME)

FIRST LINE ADDRESS

SECOND LINE ADDRESS

CITY, STATE, ZIP

PRIMARY PHONE NO.

OWNER/PAYEE/ACCT NO.

SECONDARY PHONE NO.

EMAIL ADDRESS

REVENUE CHECK DETAIL DELIVERY

Access check detail by setting up your account at www.jiblink.com.
Alternatively, JIBLink can send revenue check detail to the email address you provide to them. For any JIBLink access issues, you must contact them directly.
Contact JIBLink at 888-573-3364 to obtain a unique JIBLink user name and password.

DIRECT DEPOSIT ENROLLMENT/CHANGE OF PREVIOUS ENROLLMENT

Please provide the following information and ATTACH a VOIDED check or direct deposit payment instructions from your bank on bank letterhead. We cannot accept deposit slips as they do not have the correct routing number.

Bank Name: _____

ABA Routing Number: _____
(FIRST NINE DIGITS IN LOWER LEFT CORNER OF YOUR CHECK)

Account Name: _____

Account Type: _____ CHECKING _____ SAVINGS _____ OTHER

Account Number: _____

AUTHORIZATION

Please process the above direct deposit enrollment information effective immediately.
For direct deposit information, I confirm that I am a registered owner of the account referenced above.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

PLEASE RETURN THIS FORM TO:

Liberty Resources Management Company, LLC
Attn: Owner Relations
1200 17th Street, Suite 2200
Denver, CO 80202