



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](http://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