



EnLink Direct Deposit Cancellation Form

Owner Name(s) on Account: _____

Owner Number: _____

SS# / Federal Tax ID #: _____

Address on Account: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Financial Institution Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Account Type: _____ Checking _____ Savings

I understand by submitting this Direct Deposit Cancellation Form to EnLink Midstream, I am opting to no longer receive my royalty interest funds via Direct Deposit. Effective from the time this form is received and processed by EnLink Midstream, I will receive my royalty check and check detail via mail in accordance with EnLink's normal payment schedule and procedures. I certify I am the individual(s) indicated above and that all the information included on the form is correct and true to the best of my knowledge and belief. The form must be complete or it will not be accepted.

Signature: _____ *Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

***Dual signatures are required for joint accounts.**

If you wish to change your Direct Deposit account, visit www.enlink.com and complete a new Direct Deposit Form.

After completing the form, please fax to: 713-739-3346 or email to DOI@enlink.com.