



DIRECT DEPOSIT REQUEST FORM

Date: _____

OWNER INFORMATION

Owner Name (As shown on last revenue check)

7 Digit Vine Owner Number

Street Address

Tax ID or Social Security Number

Suite Number / Apt Number

Telephone Number

City, State, Zip

Email Address

Check here if owner name is different than bank account

Check here to update address on file

BANK INFORMATION

U.S. Bank Name

Name on Account

9 Digit Routing Number (ABA)

Type of Account (Checking or Savings Account)

Bank Account Number

Bank Contact Phone Number

PLEASE ATTACH A VOIDED CHECK WITH THIS REQUEST FORM. FORMS RECEIVED WITHOUT A VOIDED CHECK WILL BE CONSIDERED INCOMPLETE AND CANNOT BE PROCESSED.

AUTHORIZATION

The undersigned Owner or authorized representative of Owner ("Owner") represents that he/she owns oil, gas and/or mineral interests, the proceeds of which are currently paid by Vine Oil & Gas, LP and its subsidiaries ("Vine") and authorizes Vine to make direct deposit ("EFT") payments to the financial institution designated above in lieu of paper checks. Owner certifies that the above information is accurate and that he/she is the lawful party entitled to receive such proceeds. Owner agrees that Vine may unilaterally reverse any EFT payment that is determined to be fraudulent, duplicative, or made in error. If Owner elects to receive EFT payments, payment detail will no longer be mailed, but will be accessible through a secured login at www.vineoil.com. Owner can also elect to receive check stubs by email when they are posted online. However, Owner agrees that any future changes to his/her mailing address only will continue to be submitted in writing to Vine. Owner agrees that Vine will not be held liable for any interest or other claim arising as a result of Owner's failure to provide timely written notice of any payment instruction changes, and Owner releases and agrees to indemnify and hold Vine harmless for any loss, claim, damage, interest or fees incurred due to the financial institution's failure to properly or promptly post any EFT payment and/or as a result of any error or omission in the payment instructions provided by Owner. Owner understands and agrees that Vine will have up to ninety (90) days after receipt of this form to process the initial EFT request. Once initial setup has been established, any future changes will be processed in 30 days. This authorization will remain in effect until 30 days after written communication of termination has been received by Vine. Vine may cease making EFT payments to Owner at any time for any reason at Vine's sole discretion and resume making paper check payments on the next check cycle.

Signature of Owner (or authorized representative)

Joint Signature (if joint account, both parties must sign)

RETURN INSTRUCTIONS

Vine Oil & Gas, LP, Owner Relations, 5800 Granite Parkway, Suite 550, Plano, TX 75024

Owner Relations: (855) 978-6530 OR vine@ownerrelationsupport.com

If you need assistance in completing this form, please call (855)-978-6530