



**Supplier ACH Authorization Agreement (Direct Deposit)**

**SUPPLIER INFORMATION**

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail address for remittance advice: \_\_\_\_\_

Reporting Tax ID Number on W9: \_\_\_\_\_

**BANKING INFORMATION**

Bank Name: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (Checking/Savings): \_\_\_\_\_

**SUPPLIER AUTHORIZATION**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

\*I hereby authorize Halcon Resources Corporation to make electronic payments via ACH to my bank account. In the event that the ACH is unable to go through (e.g., due to closure or abandonment of an account or inaccurate account information), Halcon will resume making payments to me with a printed check. I understand I will continue to receive a check while the ACH request is processed, which may take up to 30 days. This authorization is to remain in place until Halcon has received written notice to terminate or change this authorization.

Please return form by e-mail to [Houstonaccountspayable@halconresources.com](mailto:Houstonaccountspayable@halconresources.com)