



### DIRECT DEPOSIT ENROLLMENT FORM

The undersigned hereby authorizes Chesapeake Energy Corporation and its subsidiaries to make electronic funds payments via ACH to the named company's bank account. This authorization remains in effect for all Chesapeake Energy Corporation subsidiaries, if available, until 30 days after written notice is received by Chesapeake from the named company requesting termination or changes.

**ALL FIELDS MUST BE COMPLETED BEFORE THE FORM WILL BE ACCEPTED.**

Request Type: New Application  Request Change  Request Cancellation

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Please complete the following information and attach a voided check below.

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Account Type:  checking  savings

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

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Attach Voided Check Here

Please send this form along with either  
A voided check or a letter from your bank on bank letterhead to:  
Accounts Payable/ACH  
P.O. Box 548806  
Oklahoma City, OK 73154  
A scanned copy can be sent to [vendorinfo@chk.com](mailto:vendorinfo@chk.com)