

DIRECT DEPOSIT FORM

Delta Helix Energy, LLC is offering direct deposit to its revenue interest owners. The Automated Clearinghouse Network (ACH) will be used to facilitate these payments at no cost to the revenue interest owner. ACH payments are more **secure** and provide payees **quicker** access to their funds. An email address is mandatory as all supporting statements will be sent via email. Please provide the information requested below and attach a voided check for verification purposes. You will continue to receive your payments by physical check if you do not elect direct deposit.

Owner Name: _____

Owner ID: _____

Tax ID # or SS #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email (MANDATORY): _____

Name of Bank: _____

Bank Account #: _____

Routing # (9 digits): _____

Account type: Checking Savings

The undersigned hereby agrees that Delta Helix Energy, LLC may reverse any electronic payment that is determined to be duplicate or made in error. Such owner further agrees that authorization of EFT (electronic funds transfer), as evidenced by the signature below, amends your existing payment instructions to us. In the event the EFT is unable to process (due to closure or abandonment of an account or inaccurate information), Delta Helix Energy, LLC will resume making payment to you via check. I hereby agree to the terms enumerated herein, certify that the depository information listed above is accurate and authorize Delta Helix Energy, LLC to issue payments to me electronically via ACH. (If you have a joint account with Delta Helix Energy, LLC, signatures of both parties are required.)

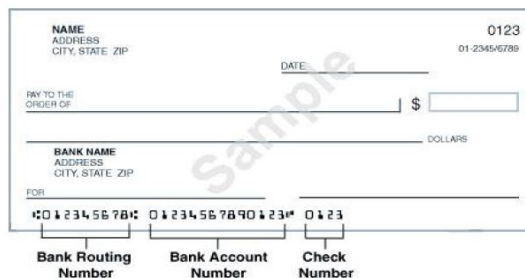
Signature (required): _____ Date: _____

Signature (required): _____ Date: _____

Submit your completed form along with a voided check by mail or email:

Delta Helix Energy, LLC
 Attn: Heather Haught
 1101 Rosemar Road, Suite D
 Parkersburg, WV 26105

Email: support@alphahelixenergy.com



NAME _____ ADDRESS _____ CITY, STATE, ZIP _____ DATE _____ 0123
 01-23456789
 PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS
 BANK NAME _____ ADDRESS _____ CITY, STATE, ZIP _____
 FOR _____
 MICR: @ 234 56 789 @ 234 56 789 0 23 @ 23
 Bank Routing Number Bank Account Number Check Number