



ELECTRONIC PAYMENT REQUEST

I hereby authorize SOGC, Inc. to make electronic fund payments via ACH to my bank account.

Owner Name: _____

Owner Number: _____ SS# or Fed Tax ID: _____
(Found on your division order, upper right)

Owner Address: _____

Phone Number: _____

Email Address: _____
(You must provide an email address in order to receive your monthly payment detail)

Your payment detail will be sent from Revenue@Sogcinc.com. Please be sure to add this email address to your contact list and/or safe list to ensure proper delivery of your statement.

Please complete the following information and attach a voided check (checking account) or deposit slip (savings account):

Financial Institution Name: _____

ABA Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Authorized Signature: _____

Please mail your completed form along with a voided check to the following address:

SOGC, Inc.
Owner Relations
PO Box 31822
Salt Lake City, Utah 84131-0822
ownerrelationstx@sogcinc.com
Fax (801) 524-2877