



Azul Operating, LLC
 2180 North Loop West, Suite 500
 Houston, TX 77018
OwnerRelations@azulresources.com

PAYMENT PREFERENCE FORM

OWNER INFORMATION

| | |
|----------------|---------------|
| OWNER NAME: | OWNER ID: |
| EMAIL ADDRESS: | PHONE NUMBER: |

PAYMENT PREFERENCE

ACH *Proceed to Section B*

 MAILED CHECK *Proceed to Section A*

A) MAILED CHECK DETAILS

| | |
|---------|-----------|
| STREET: | CITY: |
| STATE: | ZIP CODE: |

B) ACH AGREEMENT

| | |
|--|--------------------|
| BANK NAME: | BANK PHONE NUMBER: |
| BANK ADDRESS: | |
| ROUTING NUMBER: | ACCOUNT NUMBER: |
| ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | |

I HEREBY AUTHORIZE AZUL OPERATING, LLC TO INITIATE ELECTRONIC DEPOSITS TO MY ACCOUNT AT THE FINANCIAL INSTITUTE NAMED ABOVE. I AGREE NOT TO HOLD AZUL OPERATING, LLC RESPONSIBLE FOR ANY DELAY OR LOSS OF FUNDS DUE TO INCORRECT OR INCOMPLETE INFORMATION SUPPLIED BY ME OR BY MY FINANCIAL INSTITUTION OR DUE TO AN ERROR ON THE PART OF MY FINANCIAL INSTITUTION IN DEPOSITING FUNDS TO MY ACCOUNT.

THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL AZUL OPERATING, LLC RECEIVES A WRITTEN NOTICE OF CANCELLATION FROM ME OR MY FINANCIAL INSTITUTION, OR UNTIL I SUBMIT A NEW DIRECT DEPOSIT AGREEMENT FORM.

Return this completed form to Azul Operating, LLC in the enclosed envelope or to OwnerRelations@azulresources.com.

| | |
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| SIGNATURE: | DATE: |
|------------|-------|

Tel: 832.821.0849

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