

Vendor Account Update Form

INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS FORM



If this form is not completed in its entirety, if it is populated with information that does not match our source records, or if required backup documentation is not provided, your request will not be completed.

*Please allow 6-8 weeks for the initial payment via ACH / Direct Deposit to be received. Payment will continue to be issued via Check until your ACH request is processed.

Send to Email: ap-sandridge@eag1source.com

Mail to Address: SandRidge Energy, Inc, C/O EAG Services P.O. Box 131328 Houston, TX 77219

Current Vendor Information									
	* [Denotes optional fields- only r	required if	requesting an update to that field	1				
Vendor Name:				Street Address:					
Vendor #:				City:					
SSN/TIN (Last 4 Digits):				State:					
DBA/Additional Names*				Zip Code:					
Phone Number 1:				Country:					
Phone Number 2*:									
Email Address*:									
				<i>6</i>					
			unt Veri						
	ve not received a payment from Sandkid Payment Details (one of last 3 payments		ou must re	eceive at least one check payment before A	Current Bank				
*Required for ACH Setup. Provide	e either the Check details below, or attac ment which has recently cleared your ba	ch an image of the front &		*Required if you are currently enrolled		nents, but wa	nt to update y	our account	or cancel
Check #:				Bank Name:					
Check Date:				Name on Bank Account:					
Check Amount:				ACH Routing Number (9 Digit)					
*This payment must be one of the lo	ast three payments issued for your accour	nt.		Account Number:					
		Upda	tes Rec	quested					
Vendor Address and Contact Information Change*									
		*Complete only the fiel	ds you wa	nt updated in our system.					
	New Address				New Conta	act Info			
Street Address:				Contact Name:					
Street Address 2:				*Changes to Vendor Name require support	ing documen	tation, includ	ing a current V	V-9.	
City:				Phone Number 1:					
State:				Phone Number 2:					
Zip Code:				Email Address 1:					
Country:									
ACH / Direct Deposit*									
				unt, or cancel ACH enrollment. If wanting to u will be contacted by PHONE to verify accou					
New Enrollment	Change	Cancel Enrollment					·		
		New Ba	ank Accou	nt Details					
Bank Name:				ACH Routing Number (9 Digit)					
Name on Bank Account:				Account Number:					
Remit. Email Address:				Type of Bank Account:	Checking		Savings		
TUNIY need email if different than prim	ary email address. Remittance Email addres			horization					
Lhereby authorize SandRidge En	ergy Inc. to undate my owner informatio			d other general information are sent. If prov	iding ACH in	formation La	lso authoriza S	andRidge Enc	army Inc
to initiate automatic deposits in funds due to incorrect or incompl	to my account via electronic funds transfe ete information supplied by me or my fin	er (EFT, also known as ACH) at ancial institution or due to an	the financ error on t	d did a general mormation are sent. If pro- cial institution named above. I agree not to he the part of my financial institution in deposit the part of my financial institution in deposit anged or canceled 30 days after SandRidge	old SandRidge ing the funds	e Energy, Inc. s. This author	responsible for rization shall re	r any delay or emain in full f	r loss of
Print Name:				Title:					
C: *									
Signature*:				Date:					