

## Owner Authorization Form Assignment of Payee

| Owner Information   | Make Checks Payable To:                  |
|---|--|
| Name: _____   | Name: _____                              |
| Address: _____<br>_____<br>_____  | Address: _____<br>_____<br>_____         |
| City: _____ State: _____ Zip: _____   | City: _____ State: _____ Zip: _____      |
| Phone: _____ Fax: _____   | Phone: _____ Fax: _____                  |
| E-Mail: _____   | E-Mail: _____                            |
| SNN or Tax ID matching name above: _____  | SNN or Tax ID matching name above: _____ |
| <p>The Internal Revenue Service requires that the taxpayer identification number (TIN) on your account with us match their records. When your TIN does not match our records, the law requires us to withhold 31 percent of payments that we make to you.</p> |  |
| <p>I give authorization to the party(ies) listed below to act in my behalf in the capacities listed for the following properties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   |  |

|                                 |                    |
|---------------------------------|--------------------|
| <b>Owner's Signature:</b> _____ | <b>Date:</b> _____ |
|---------------------------------|--------------------|