Invenergy

Direct Deposit Authorization Agreement

NAME_____ E-MAIL ADDRESS _____

PHONE _____

I hereby authorize Invenergy LLC to make payments to me by initiating credit entries to the Account number indicated in the blank below and I hereby authorize such bank to accept any deposits initiated by Invenergy LLC to such account. If money to which I am not entitled is deposited into my account, I authorize Invenergy LLC to direct my financial institution to return said funds. I am responsible for verifying all the deposits with my bank before I issue my checks against my account. The authority granted by this form is to remain in full forces and effect until Invenergy Wind LLC has received written notification of its cancellation from me.

- Please be advised that it may take up to 10 days following Invenergy's receipt of this form before direct deposit takes effect.
- Please be advised that when you make a change to your bank account or cancel direct deposit, it may take up to 10 days to register the change. If your payment falls within this period, you will be paid in accordance with your prior instructions.

(REQUIRED - Attach a Voided Check in this Space)

Please call your financial institution to confirm the routing number used for automated clearing house (ACH) deposits and the ability of the bank to accept ACH transfers.

Account Information Type of Account ____Checking ____Savings

Financial Institution Name _____

Bank routing number for ACH payments _____

Bank account number _____

Branch Bank Name _____

Branch Address _____

SIGNATURE_____**DATE**_____

Invenergy LLC
One South Wacker, Suite 1800
Chicago, IL 60606
Main: 312-224-1400 Fax 312-224-1444