

Direct Deposit Form

Form DD

PENSION - Direct Deposit Authorization Agreement

CITGO Petroleum Corporation

Benefits HelpLine

P.O. Box 4689

Houston, TX 77210-4689

FAX – 832-486-1842

I hereby authorize CITGO Petroleum Corporation to make all pension payments to the below named DEPOSITORY (Financial Institution where your funds are deposited, Credit Union, Bank, etc.) as I have designated. In lieu of receiving a check, I will receive a payment advice that reports the same information that would have appeared on a check stub.

Please return by the 15th of the month for timely processing of new authorizations or changes of authorizations. This authorization will remain in effect until a new authorization is implemented.

CHECKING ACCOUNT NUMBER 1:

New Change Frequency: Every Pay Period

DEPOSITORY NAME	CITY	STATE	ZIP
BANK TRANSIT NO	ACCOUNT NO	AMOUNT 100%	

CHECKING ACCOUNT NUMBER 2:

New Change Stop Frequency: Every Pay Period

DEPOSITORY NAME	CITY	STATE	ZIP
BANK TRANSIT NO.	ACCOUNT NO	AMOUNT \$	

SAVINGS ACCOUNT:

New Change Stop Frequency: Every Pay Period

DEPOSITORY NAME	CITY	STATE	ZIP
BANK TRANSIT NO.	ACCOUNT NO	AMOUNT \$	

- **Please sign and date to authorize this agreement.**
- **Attach a voided blank check and/or saving deposit slip to validate each account's information.**

NAME	SSN
SIGNATURE	DATE

Jane A. Doe Check No. 6011
 1000 Main St.
 Anywhere, USA 10000-0000

PAY TO THE ORDER OF _____

_____ \$ _____ Dollars

memo _____

⑆ 256000649 ⑆ 0302 0032178 ⑆ 6011

Transit No. Account No. Check No.