

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.