

**CITGO Petroleum Corporation and Affiliates  
ELECTRONIC FUNDS TRANSFER AGREEMENT  
BENEFITS DEPARTMENT**

PLAN PARTICIPANT NAME	PLAN PARTICIPANT SOCIAL SECURITY NUMBER
ADDRESS	STREET
	CITY
	STATE
	ZIP
PHONE NO. (      )	

**DELIVERY METHOD (Indicate how you would like to receive your EFT Notice)**

<input type="checkbox"/> MAIL	<input type="checkbox"/> Fax No. (      )
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I, hereinafter called Plan Participant, hereby authorize CITGO Petroleum Corporation (CITGO) and/or its Affiliates to initiate electronic entries to my bank account at the Depository Institution indicated below and further direct said Depository Institution to accept and debit/credit the amount of such entries to the designated account:

*ATTACH BLANK VOIDED CHECK*

BANK NAME	BRANCH <input type="checkbox"/>
ADDRESS	STREET
	CITY
	STATE
	ZIP
BANK ACCOUNT NO.	ABA/BANK TRANSIT NO.
BANK PHONE NO. (      )	CHECKING ACCOUNT
	SAVINGS ACCOUNT

This authority shall remain in effect until terminated by written notice by either Plan Participant or CITGO. Effective date of termination will be fifteen (15) days after receipt of written notice. Notice of termination shall in no way affect debit/credit entries initiated by CITGO prior to actual receipt of notice.

In the event that there is a bank processing charge due to insufficient funds, Plan Participant agrees to be responsible for all costs associated with these items. CITGO will be responsible for all costs associated with delivery of debits/credits to Plan Participant's bank.

<b>PLAN PARTICIPANT AUTHORIZATION</b>
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I do certify that I have the full capacity and authority to so authorize and direct.

PLAN PARTICIPANT SIGNATURE	DATE
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FOR OFFICE USE ONLY	
EFFECTIVE DRAFT DATE	BENEFITS AREA

**SEND TO: CITGO Petroleum Corporation    ATTN: Benefits Helpline    P.O. Box 4689    Houston, TX 77210-4689**