

CITGO Petroleum Corporation and Affiliates
Electronic Funds Transfer System
Request for
Bank Change or Cancellation

Request for Banking Change or EFT Cancellation

PLAN PARTICIPANT		SOCIAL SECURITY NO.	
PHONE NO.	ADDRESS	STREET	
CITY	STATE	ZIP	
BANK NAME		BRANCH	
ADDRESS	STREET	CITY	STATE ZIP
BANK PHONE NO. ()	ABA BANK TRANSIT ROUTING NO.	BANK ACCOUNT NO.	
<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT		EFFECTIVE DATE OF CHANGE OR CANCELLATION	

Plan Participant Authorization

**I do certify that I have the full capacity
and authority to so authorize and direct.**

Plan Participant Signature _____ Date _____

For Office Use Only

EFFECTIVE DRAFT DATE	BENEFITS ACCOUNTING	MSGWAY ADMINISTRATION
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21-74-15 (5/04)

CITGO Petroleum Corporation
P O Box 4689
Houston, TX 77210-4689
Attn: Ann Gardiner N 5093
Benefits Accounting