

Payroll Distribution for SeaRiver Maritime, Inc. Marine Employees

Personnel Number or Social Security Number of Payee:	Print Name of Payee:	Phone number with Area Code:	Date:
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Please check only one Box:

- I am an employee       I am a retiree, survivor or other benefit disbursement payee

**Direct Deposit of Payments via Electronic Funds Transfer (EFT)**

<p><b>1. Please check only one box:</b></p> <p><input type="checkbox"/> New Direct Deposit Sign Up</p> <p><input type="checkbox"/> Change my prior Direct Deposit Election</p> <p><input type="checkbox"/> Cancel Direct Deposit and mail paper check to my "Residence Address" per Company Records.</p>	<p><b>2. Please check only one box:</b></p> <p><input type="checkbox"/> Direct Deposit into my Checking Account</p> <p><input type="checkbox"/> Direct Deposit into my Savings Account. (For credit union or investment account, please see instruction #1)</p>
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**OPTION 1:**

- Direct Deposit **100%** of my pay via electronic funds transfer into account shown per attachment.

**OPTION 2:**

- Direct Deposit \_\_\_\_\_% of my pay via electronic funds transfer into account shown per attachment and mail balance of pay to my "Residence Address" per Company Records.

**OPTION 3:**

- Mail **100%** of my pay as a paper check to my "Residence Address" per Company Records. I do not want to direct deposit any part of my pay.

**Signature of Payee:**

For Option 1 and Option 2, this agreement authorizes Payroll Services to deposit my payments via electronic funds transfer into the account shown (per attachment) and to initiate adjustments for any entries made in error to my account. This authority is to remain in effect until Payroll Services has received written notification from me of its termination in such time and in such manner as to afford Payroll Services and my financial institution a reasonable opportunity to act on it. A cancellation authorizes future payments via paper check.

**INSTRUCTIONS FOR DIRECT DEPOSIT**

- Attach a voided blank check** in this space **only** for a checking account deposit. **ALTERNATIVE:** If deposit will be into a credit union, savings account or investment firm, attach a letter or document from that financial institution providing the correct transit/routing number and account information. **DO NOT ATTACH A DEPOSIT SLIP.**
- In the boxes above, be sure to (1) provide your social security number, (2) print the name of the person (the payee) receiving the payment, (3) provide the daytime phone number, including the area code, and (4) show today's date.
- For Direct Deposit options, check **only one box** in section 1 and **only one box** in section 2. New direct deposit authorizations take up to 30 days to take effect. Changes in direct deposit authorizations take up to 15 days to take effect.
- SELECT ONLY ONE OPTION -- EITHER OPTION 1 OR OPTION 2 OR OPTION 3.**
- The person (the payee) receiving the funds must sign this form. If there is a Power of Attorney, guardian, etc., attach a copy of the legal documents.
- Mail completed form to Exxon Mobil Corporation, P. O. Box 2283, Houston, TX 77252-2283