

HERCULES OFFSHORE, INC.

PAYCHECK DIRECT DEPOSIT AUTHORIZATION FOR US BANKING INSTITUTIONS

PERSONAL & CONFIDENTIAL

Please be aware that when you enroll or make any changes in direct deposit, the first two checks following your enrollment or change may be live checks. These checks are mailed to your address on file.

LAST NAME (please print)	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER		
EMPLOYEE ID #	STREET ADDRESS		CITY	STATE	ZIP CODE
RIG/DEPT	WORK LOCATION	WORK PHONE #/EXT.		HOME PHONE #	

I hereby authorize my employer, Hercules Offshore Inc., (hereinafter "COMPANY") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit any entries indicated by COMPANY to my account. In the event that the COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account, and BANK to accept such debits, for an amount not to exceed the original amount of the erroneous credit.

ATTACH VOIDED CHECK (S) TO THIS FORM FOR EACH ACCOUNT (S) LISTED BELOW

SECTION A: DIRECT DEPOSIT NET CHECK (THIS IS THE AMOUNT OF YOUR CHECK LESS THE AMOUNT IN SECTION B)															
<input type="checkbox"/> New		<input type="checkbox"/> Change Net Check Deposit		<input type="checkbox"/> Stop Net Check Deposit											
FINANCIAL INSTITUTION AND ADDRESS				BANK CONTACT AND PHONE #:											
BANK ROUTING NUMBER		<input type="checkbox"/> Checking Account		ACCOUNT NUMBER											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												<input type="checkbox"/> Savings Account			
SECTION B: TO BE USED IF YOU WISH TO DEPOSIT PART OF YOUR CHECK TO A SECOND ACCOUNT															
<input type="checkbox"/> New		<input type="checkbox"/> Change Second Deposit		<input type="checkbox"/> Stop Second Deposit											
FINANCIAL INSTITUTION AND ADDRESS				BANK CONTACT AND PHONE #:											
Southern Federal Credit Union PO Box 2765 Houston, TX 77252-2765				Susan Nelson or April Baker 713-232-7774 713-232-7122 Fax											
BANK ROUTING NUMBER		<input type="checkbox"/> Checking Account		ACCOUNT NUMBER											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">8</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">2</td> </tr> </table>		3	1	3	0	8	4	6	3	2	<input type="checkbox"/> Savings Account				
3	1	3	0	8	4	6	3	2							
\$ _____ DOLLAR AMOUNT TO BE DEPOSITED EACH PAY PERIOD															

EMPLOYEE SIGNATURE	DATE
--------------------	------

For further information, please call the Payroll Department at 1-800-326-7447 EXT 8513.

Please send your completed form via one of the following methods:

- FAX to the Payroll Department at 1-713-350-5116
- Scan and Email to your payroll administrator
- Postal mail to :
 Hercules Offshore Payroll Department
 9 Greenway Plaza, Suite 2200
 Houston, TX 77046

