



PERSONAL & CONFIDENTIAL

# PAYCHECK DIRECT DEPOSIT AUTHORIZATION FOR US BANKING INSTUTIONS

|                          |                |                   |                        |              |          |
|--------------------------|----------------|-------------------|------------------------|--------------|----------|
| 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 HAVE AUTHORIZED THE COMPANY TO DIRECTLY DEPOSIT MY PAY TO THE ACCOUNT(S) THAT I HAVE INDICATED IN THE FOLLOWING SECTION(S):

|   |  |  |  |   |       |
|---|--|--|--|---|-------|
| SECTION A: DIRECT DEPOSIT NET CHECK   |  |  |  |   |       |
| <input type="checkbox"/> New  |  | <input type="checkbox"/> Change Net Check Deposit  |  | <input type="checkbox"/> Stop Net Check Deposit |       |
| Amount of Check Minus Section B Direct Deposit                                      |  |  |  |   |       |
| FINANCIAL INSTITUTION<br><small>(INCLUDING ADDRESS AND PHONE NUMBER)</small>        |  | <input type="checkbox"/> Bank<br><input type="checkbox"/> Savings & Loans<br><input type="checkbox"/> Credit Union<br><input type="checkbox"/> Other |  | CITY  | STATE |
| BANK ROUTING NUMBER   |  | <input type="checkbox"/> Checking Account<br><input type="checkbox"/> Savings Account  |  | ACCOUNT NUMBER                                  |       |
|   |  |  |  |   |       |
| 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 Net Check Deposit  |  | <input type="checkbox"/> Stop Net Check Deposit |       |
| FINANCIAL INSTITUTION<br><small>(INCLUDING ADDRESS AND PHONE NUMBER)</small>        |  | <input type="checkbox"/> Bank<br><input type="checkbox"/> Savings & Loans<br><input type="checkbox"/> Credit Union<br><input type="checkbox"/> Other |  | CITY  | STATE |
| BANK ROUTING NUMBER   |  | <input type="checkbox"/> Checking Account<br><input type="checkbox"/> Savings Account  |  | ACCOUNT NUMBER                                  |       |
|   |  |  |  |   |       |
| \$ _____ DOLLAR AMOUNT TO BE DEPOSITE EACH PAY PERIOD                               |  |  |  |   |       |

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

|   |      |
|---|------|
| <b>AUTHORIZATION</b>  |      |
| This authorization will remain in effect until the Company receives written notification from me to alter or stop the direct deposits in such time and manner for the Company to act on it. |      |
| I also authorize the Company, without further approval by me, to debit or credit my account(s) to make necessary corrections should a mistake be made in the transmission of deposits.      |      |
| EMPLOYEE SIGNATURE  | DATE |

FOR INFORMATION CALL PAYROLL 1-877-723-2526 OR EMAIL PAYROLL@HOUSTON.DEEPWATER.COM