Authorization Agreement for Direct Deposit

By providing data on this form and signing the owner authorizes Hess to pay by electronic funds transfer or direct monies that Hess would otherwise pay by royalty check. The owner understands that monies paid by direct deposit will be paid three business days after the scheduled mailing of the royalty checks. An owner paid by direct deposit will be sent a printed copy of the check detail, mailed to the address he provides Hess. Before you submit this form to Hess, confirm with your financial institution the information you provide herein. By signing this Authorization, the owner agrees that if owner fails to receive payment made by Hess using information provided in this form, unless that information is erroneously applied by Hess, Hess will not issue manual check for replacement, but will include that money in the next regularly scheduled payment.



Direct Deposit

Authorization Form



1-844-275-4377 or 1-844-ASK-HESS Email: ask@hess.com Land Asset Management

No More Checks

Enjoy the ease of receiving revenues directly to your checking or savings with Hess' direct deposit service.

To receive revenue/royalty payments directly to your bank account, the owner must complete, sign and return this application.

Land Asset Management

Hess Corporation P. O. Box 2040 Houston, TX 77252-2040

Contact us:

Website: www.ownerrelations.hess.com

Phone: **1-844-275-4377** or

1-844-ASK-HESS Fax: 1-866-249-7482 Email: **ask@ hess.com**

Please allow 4 – 8 weeks for the Electronic Funds Transfer (EFT) service to begin. Until the EFT service has been verified, you will continue to receive a physical check, via the U.S. Postal Service.

Owner Information

Please select one: New Request

Change Request

Hess Owner Number (located on check detail)

Owner Name

TIN or SSN (Social Security Number) (required for verification, must match the number on file)

Address

City State

Zip

Owner Phone Number

Owner Mobile Number

Owner E-Mail Address

Banking Information

Owner Name listed on Bank Account				
Bank Name				
bankrame				
Bank Phone Number				
Bank City	Bank State			
Account Type (Select one):				
Checking	Savings			
Routing #	S ———			
Account #				
,				

Support Documentation (required)

Please return this form with a **voided check** or **bank document** with your name,
account number, and bank information
printed on the check or document.
Requests received without the proper
support documentation will be returned.

Owner Signature		
owner signature		

Date