



DIRECT DEPOSIT CHANGE REQUEST FORM

To switch your direct deposit from an existing account to another account, please complete this form.

Owner Name(s): _____

Designation (Corporate Officer, Trustee, Executor, Power of Attorney, etc.): _____

Owner Number: _____ Phone #: _____

E-mail Address: _____

Owner Remittance Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Step 1: Confirm TIN or SSN (last 4 digits required): _____

Step 2: Please provide the account information where your payments are **currently** being deposited. Failure to provide the requested information will delay your direct deposit change¹.

Financial Institution Name: _____

Routing Number (9 digits): _____ Account Number: _____

Name on Account: _____

Step 3: Please provide information for the **new** account where you would like your payments to be deposited.

Checking

Savings

Financial Institution Name: _____

Routing Number (9 digits): _____ Account Number: _____

Name on Account (*must match name above*): _____

Step 4: Attach a pre-printed VOIDED CHECK (checking account), pre-printed letter from bank/financial institution (savings account) with account holder information signed by a bank officer on the bank's letterhead (handwritten names or account number and electronic signatures will not be accepted). Mail, fax, or email your completed application to Marathon Oil.

I authorize Marathon Oil access to the listed account in order to directly deposit funds in accordance with the agreed payment obligations. Further, I certify the information provided is correct. I understand that paper statements are available to owners paid by direct deposit upon request. Electronic statements will be available on the Owner Relations website. I agree to provide at least 30 days written notice to Marathon Oil prior to revoking this authorization. I agree Marathon Oil will not be held liable for any interest or other claim arising as a result of failure to provide written notice of any payment instruction changes. I also release and agree to indemnify and hold Marathon Oil harmless for any loss, claim, damage, or interest incurred due to my financial institution's failure to properly or promptly post any direct deposit payment and/or as a result of any error or omission in the payment instructions provided by or on behalf of myself.

Owner or Authorized Representative Signature (Required)

Date

¹ Please note your designated financial institution must be located within the United States. All incomplete applications will not be processed and will be returned to owner. Direct deposit applications take 60 days to process. The posting of funds may vary, and we strongly recommend you check with your financial institution to determine when your funds will be available.