



## DIRECT DEPOSIT TERMINATION FORM

Please complete this application to terminate receipt of payments via direct deposit and mail, fax, or email your completed form to Marathon Oil. **Please allow up to 30 days from receipt to complete your request.**

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: \_\_\_\_\_

**REQUIRED:** Confirm TIN or SSN (last 4 digits required): \_\_\_\_\_

I hereby give my written notice and authorize Marathon Oil to terminate the direct deposit of my payments. I understand that my checks and paper statements will be mailed to me at the current address on record. If an address change is necessary, I will also submit an Address Change Authorization Form.

\_\_\_\_\_  
Owner or Authorized Representative Signature (Required)

\_\_\_\_\_  
Date