



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Valero Energy Corporation** and/or its subsidiaries to initiate automatic deposits to my account at the financial institution named below. I also authorize **Valero Energy Corporation**, and/or its subsidiaries to make withdrawals from this account in the event that a credit entry is made in error upon prior written notice of at least forty eight (48) hours. **Valero Energy Corporation** is not authorized to withdraw from the account any deposits other than deposits made in error.

Further, I agree not to hold **Valero Energy Corporation** and/or its subsidiaries responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Valero Energy Corporation** and/or its subsidiaries receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

Account Information

(Please print or type financial information)

Name of Company or Employee _____ Vendor Number _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Account Type Checking Savings

Signature

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Phone Number _____

Please provide an e-mail or fax number where you would like the remittance advice sent:

Email: _____ Fax: _____

Please return this form to your Valero contact.

For Internal Use Only:

“I have verified the bank details with a telephone call to _____ (phone #) to my known vendor point of contact _____ (name) on _____ (date) at _____ (time).”

Completed by:
Signature /date: _____ Printed name: _____ Extension/Phone #: _____