

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. Owner Authorization agrees that if owner fails to receive payment made by Hess using information provided Form herein, 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.



HESS CORPORATION

1-844-275-4377 or 1-844-ASK-HESS
Land Administration Dept.



Direct Deposit
Authorization Form

No More Checks

Imagine no more waiting for a check to arrive. Enjoy the ease of receiving revenues directly into your checking or savings with Hess' direct deposit service. This service is optional and there is no charge.

To receive revenue/royalty payments directly into your bank account, please complete and sign this application.

Land Administration Department

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

Contact us:

Via Hess' internet website at:
www.ownerrelations@hess.com

You can contact our Land Administration at
1-844-275-4377 or 1-844-ASK-HESS

Email:
ask@hess.com

Please allow 4 – 8 weeks for automated payment to begin. Pending the successful testing and authorization of your banking information, you will continue to receive physical checks via the U.S. Mail.

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)

Mailing Address New
(where current revenue check is mailed to)

City State

Zip

Owner Phone Number

Owner Fax Number (optional)

Owner E-Mail Address (optional)

Banking Information

Owner Name on Bank Account

Bank Name

Phone Number

City

State

Account Type (Select one):

Checking _____ Savings _____

Routing # _____

Account # _____

Enclose a voided check or evidence of savings account holder.

For your protection, please return this form with a voided check or documentation from your savings account with **your name pre-printed on the check or document**. If your name is not pre-printed, we have no way of knowing if the account is yours.

Owner Signature

Date