

DIRECT DEPOSIT AUTHORIZATION FORM

| Employee Name: | Employee ID: |
|--|---------------------------|
| Work Phone: | SSN: |
| ATTACH A VOIDED CHECK TO THIS FORM FOR ANY CHECKING ACCOUNT LISTED BELOW: | |
| Check One: Add Account Change Account Information Change Amount Delete Account | |
| 1. Synergy Federal Credit Union 314092128 Name of Bank or Financial Institution Bank Routing | |
| Check One: Checking Savings | Effective Date |
| Account Number Entire Check Lump Sum \$ | |
| Check One: Add Account Change Account Information Change Amount Delete Account | |
| 2. Name of Bank or Financial Institution Bank Routing | Number Bank Phone Number |
| Check One: Checking Savings | 5 |
| Account Number Entire Check Lump Sum \$ | |
| Check One: Add Account Change Account Information Change Amount Delete Account | |
| 3. Name of Bank or Financial Institution Bank Routing | Number Bank Phone Number |
| Check One: Checking Savings | 5 |
| Account Number | Entire Check Lump Sum \$ |

Direct Deposit Acknowledgement:

*I authorize the Payroll Department of Valero Energy Corporation and its subsidiaries to initiate credit entries (deposits) and if necessary, debit entries for adjustments to any credit entries in error to my accounts as indicated above. I authorize the Bank/Institution named above to credit and/or debit the same to such account. This authorization will remain in effect until the Valero Payroll Department receives written notification of a change or termination to the current deposit choices. I understand that when a holiday falls during a payroll week, my account may not be credited until the following day.

*My paystubs are available to me online through Valero's portal "Inside Valero". If I desire a printed copy, I may print this online document. [If a mailed copy is preferred, contact HR Administrative Services at (210) 345-2600 for additional assistance.]