

DIRECT DEPOSIT/ACH (Automated Clearinghouse Network) AUTHORIZATION FORM

Step 1:	☐ New Enrollmen	t □ Change	☐ Cancel		
O			Title of position (if Co		
Owner Name or Company			litie of position (if Co	Title of position (if Company)	
Owner A	ddress		City, State	Zip code	
()_ Daytime	phone number		TIN or Last 4 digits o	f SSN (REQUIRED)	
8 digit B	P owner number	Email addres	s		
•	_		ently on file with BP to the on covide the required information.		
	y of your Direct Depos				
D	epository/Bank institution nar	me			
D	epository/Bank address				
D	epository institution routing r	number (9 digits)			
Na	ame on account				
Ac	count number (Note: this m	ust be a checking acc	ount only)		
deposit fund provided is	s in accordance with the	agreed payment of provide at least 3	ss to the listed account in ordulations. Further, I (we) cere to days written notice to BP A	rtify the information	
Owner Nam	e or Authorized Represe	entative	Date		
Owner Sign	ature or Authorized Rep	resentative	Title (if corporation or bus	siness assoc.)	
ATTACH A \	OIDED CHECK and mail	to:			
	America Production Co	mpany	Fax: 210-870-1008	n	

Please allow 4 to 6 weeks for set-up and testing. If you have questions regarding direct deposit, please contact our Customer Service Center at 800.732.6626. Paper statements are not available to owners paid by ACH. Paper statements are only available to owners who receive payment by check. If you would like to be paid by check and receive paper statements, please send us a written request.

San Antonio, TX 78269-6505