

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
OCCIDENTAL AND SUBSIDIARIES**

EMPLOYEE NAME: _____ **CO/PAYGROUP:** _____ / _____ **EMPLOYEE ID** _____

I hereby authorize Occidental, hereinafter referred to as the COMPANY, to initiate payroll credit entries to my account(s) as indicated below, and if necessary, to make any required payroll debit entries and payroll adjustments for credit entries made in error to said account. I further authorize the depository named below, hereinafter referred to as the DEPOSITORY, to credit and/or debit the same to my account.

This authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act upon it.

IMPORTANT: PLEASE ATTACH A COPY OF A PERSONAL CHECK FOR EACH CHECKING ACCOUNT
If your direct deposit is with a Money Market Manager (i.e.: Schwab, Merrill Lynch, etc.) please attach one of their direct deposit forms.

DIRECT DEPOSIT – NET PAY (BALANCE)	PAPERLESS AUTHORIZATION (E-STUB) _____
FINANCIAL INSTITUTION _____	CHECKING _____ SAVINGS _____
ADDRESS _____	CITY _____ ST _____ ZIP _____
TRANSIT/ABA NO. _____	ACCT NO. _____
PRIORITY: <u>999</u>	

ADDITIONAL:

DIRECT DEPOSIT ADD _____ CHANGE _____ DELETE _____ ACCOUNT TYPE: CHECKING _____ Or SAVING _____ TRANSIT NUMBER _____ ACCOUNT NUMBER _____ DEPOSIT TYPE: AMOUNT _____ Or PERCENT _____ PRIORITY _____	DIRECT DEPOSIT ADD _____ CHANGE _____ DELETE _____ ACCOUNT TYPE: CHECKING _____ Or SAVING _____ TRANSIT NUMBER _____ ACCOUNT NUMBER _____ DEPOSIT TYPE: AMOUNT _____ Or PERCENT _____ PRIORITY _____
DIRECT DEPOSIT ADD _____ CHANGE _____ DELETE _____ ACCOUNT TYPE: CHECKING _____ Or SAVING _____ TRANSIT NUMBER _____ ACCOUNT NUMBER _____ DEPOSIT TYPE: AMOUNT _____ Or PERCENT _____ PRIORITY _____	DIRECT DEPOSIT ADD _____ CHANGE _____ DELETE _____ ACCOUNT TYPE: CHECKING _____ Or SAVING _____ TRANSIT NUMBER _____ ACCOUNT NUMBER _____ DEPOSIT TYPE: AMOUNT _____ Or PERCENT _____ PRIORITY _____

EMPLOYEE SIGNATURE: _____	(Add or Edit only) DATE _____	Office Phone _____
----------------------------------	--------------------------------------	---------------------------

NOTICE TO CANCEL AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby cancel (check the appropriate one below) the authority previously given the COMPANY from me by this written notification of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act upon it.

EMPLOYEE SIGNATURE: _____	(Cancellation only) DATE _____	Office Phone _____
----------------------------------	---------------------------------------	---------------------------