

(*) If any of these mandatory fields are missing, we will not proceed with the request.

Email Address						
		XXX-X	X			
Business Associate (BA) Number * (found on bottom center of check detail)		Last four digits of Social Security Number or Tax ID *		Daytime Phone Number		
Old Address:			1			
	Street Address or P.C). Box *	City *		State *	ZIP Code *
New Address:						
Street Address or P.O. Box *). Box *	City *		State *	ZIP Code *
Owner's signature *				Date		
Joint Owner's signature, if applicable *				Date		-

Please mail / email form to: ExxonMobil, Direct Deposit, P.O. Box 2024, Houston, TX 77252-2024

 ${\bf Email:\ landadministration@exxonmobil.com}$

For additional information, please contact Owner Relations at 1-800-469-6468, option 3