



## ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

### VENDOR INFORMATION

|   |  |                           |   |
|---|--|---------------------------|---|
| VENDOR NAME ("VENDOR")                                  |  | PHILLIPS 66 VENDOR NUMBER |   |
| REMIT TO ADDRESS  |  | CITY                      | STATE      ZIP                                      |
| ACCOUNTING / EFT CONTACT NAME                           |  | TELEPHONE                 | FAX NUMBER  |
| IRS TAXPAYER ID (FEIN)                                  | NACHA PAYMENT FORMAT (PLEASE CHECK SELECTION):<br><b>CTX</b> <input type="checkbox"/> (No payment advice from Phillips 66) <b>CCD</b> <input type="checkbox"/> (Payment advice from Phillips 66)<br>CTX FORMAT TRANSMITS REMITTANCE DETAIL VIA EDI, CCD DOES NOT |                           | FAX NUMBER FOR REMITTANCE ADVICE (CCD OPTION ONLY): |
| E-MAIL ADDRESS FOR REMITTANCE ADVICE (CCD OPTION ONLY): |  |                           |   |

Above named Vendor hereby authorizes Phillips 66 Company and subsidiaries of Phillips 66 Company (collectively, "Phillips 66") to originate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment of goods and/or services.

### BANKING INFORMATION

|           |       |                     |  |
|-----------|-------|---------------------|--|
| BANK NAME |       | BANK ROUTING NUMBER | BANK ACCOUNT NUMBER  |
| ADDRESS   |       | PHONE               | BANK ACCOUNT TYPE<br>CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> MONEY MKT <input type="checkbox"/> |
| CITY      | STATE | ZIP                 | BANK CONTACT NAME  |

Vendor acknowledges and agrees that the terms and conditions of all agreements with Phillips 66 concerning the method and timing of payments for goods and services shall be amended as provided herein. Vendors whose previous payments were remitted via check will receive funds via ACH three (3) calendar days after due date on invoice. If payment date falls on a weekend or holiday, funds will be deposited the following business day.

Vendor shall be responsible for any loss which may arise by reason of any error, mistake or fraud regarding the information Vendor has provided in this agreement.

Vendor may change any portion of the information provided under Bank Information by giving at least thirty (30) days written notice to Phillips 66 at the address show below.

The authority shall remain in effect until fifteen (15) days after Financial Institution, at address shown above, and Phillips 66, at the address shown below, have received written cancellation from Vendor. Notice of cancellation shall in no way affect credit or debit entries initiated prior to actual receipt and processing of notice. Vendor understands that Phillips 66 may suspend this Agreement at any time.

By signing this Authorization, Vendor in no way relinquishes any legal right to dispute any item.

### VENDOR AUTHORIZATION:

|                 |   |       |      |
|-----------------|---|-------|------|
| AUTHORIZED NAME | AUTHORIZED SIGNATURE<br><small>Digital Signature Acceptable</small> | TITLE | DATE |
|-----------------|---|-------|------|

Please return this form along with a voided check (for the above account number only) to your Phillips66 representative below:

**OR**

**Phillips 66 Company**  
**Attn: Vendor Master**  
 440 POB  
 Bartlesville, Oklahoma 74004  
**Fax: 918-977-9416**

| FOR PHILLIPS 66 INTERNAL USE |                 |                          |                        |
|------------------------------|-----------------|--------------------------|------------------------|
| Date:                        | Time:           | Contact Name:            | Title:                 |
| Contact Attempts:            |                 | Contact's Email Address: |                        |
| Contact's Phone Number:      |                 | Bank Detail Change:      | Payment Method Change: |
| Email Sent:                  | Email Received: | User ID:                 |                        |