



New

Change

Cancel

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

OWNER INFORMATION

• **Please note all sections of the form must be filled out legibly and completely**

OWNER NAME		PHILLIPS 66 OWNER NUMBER	
MAILING ADDRESS (STATEMENTS, PAYMENT DETAILS, ETC..)	CITY	STATE	ZIP CODE
IRS TAXPAYER ID (FEIN, SSN)	TELEPHONE	FAX	
E-MAIL ADDRESS			

Bank Account type:

Checking

Savings

****IMPORTANT: You must complete section A or B for your payments to be electronically deposited.**

A) Take this form to your financial institution. If a voided check is not attached or if depositing into a savings account, your financial institutions direct deposit personnel must provide the information below and match it with the name and FEIN or SSN number above to ensure no delay due to incorrect bank routing information. You may email or fax the completed form to Phillips 66.

Return completed form to:

Phillips 66 Company

Attn: Vendor Master

RSCOwnerMaintenance@p66.com

PO Box 9000

Bartlesville, OK 74005

Fax- (918) 977-9290

For questions contact:

Phillips 66 Owner Relations Unit

DivisionOrder@p66.com

Phone: (918) 977-6002

Fax: (918) 977-6006

Bank Routing Number (9 digits)	Checking / Savings Account Number
_____	_____
Bank Representative <u>Name</u> (Print)	Bank Representative <u>Signature</u>
_____	_____
Date	Phone Number
_____	_____
Name of Financial Institution	

B) Attach an original voided check in the space below. Photocopies or deposit slips are not acceptable. The name on the check must match the name provided at the top of this form. **Note:** If the Phillips ownership is listed as a trust the trust name must be printed on the check. If the name is not printed on the check please provide bank issued documentation, bank statement, or letter issued from the bank stating the trust name is listed on the account. You may also have the bank representative fill out section A. **We cannot accept your submission of a voided check by email or fax, please mail in the completed form to the address provided.**

Please attach the original voided check within Section B.

I authorize Phillips 66 Company and my financial institution referenced above to electronically deposit my payment to the account specified. This authority will remain in effect until I have filed a new authorization. I understand that I can change my account or financial institution arrangement by completing a new Electronic Funds Transfer Authorization Agreement form available from Phillips 66 Owner Relations Unit. **NOTE:** If multiple owners are listed on the account we require both owner signatures.

Print Authorized Name

Authorized Signature

Date

Print Authorized Name

Authorized Signature

Date