



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

VENDOR INFORMATION

VENDOR NAME ("VENDOR")		CONOCOPHILLIPS VENDOR NUMBER	
REMIT TO ADDRESS	CITY	STATE	ZIP
ACCOUNTING / EFT CONTACT NAME	TELEPHONE	FAX NUMBER	
IRS TAX PAYER ID (FEIN)	NACHA PAYMENT FORMAT (PLEASE CHECK SELECTION): CTX ____ (No payment advice from ConocoPhillips) CCD ____ (Payment advice from ConocoPhillips) CTX FORMAT TRANSMITS REMITTANCE DETAIL VIA EDI, CCD DOES NOT		
E-MAIL ADDRESS FOR REMITTANCE ADVICE (CCD OPTION ONLY):			

Above named Vendor hereby authorizes ConocoPhillips Company and subsidiaries of ConocoPhillips Company (collectively, "ConocoPhillips") 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 CHECKING _____ SAVINGS _____ Money MKT _____
CITY	STATE	ZIP	BANK CONTACT NAME

Vendor acknowledges and agrees that the terms and conditions of all agreements with ConocoPhillips 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 ConocoPhillips at the address shown below.

This authority shall remain in effect until fifteen (15) days after Financial Institution, at address shown above, and ConocoPhillips, at 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 ConocoPhillips 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 Digital Signature Acceptable	Title	Date
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Please return this form along with a voided check (if applicable) to your ConocoPhillips representative below:

OR

ConocoPhillips Company
Attn: Vendor Master Group
440 POB
Bartlesville, OK 74004
Or RightFax: 918-662-3404

For ConocoPhillips Internal Use

Date:	Time:	Contact Name:	Title:
Contact's Phone Number:		Contact's Email Address:	
Contact Attempts:		Bank Detail Change:	Payment Method Change:
Email Sent:	Email Received:	User ID:	