

Space for Vendor Letterhead

This form must be submitted on Vendor's Letterhead

**ELECTRONIC PAYMENT AGREEMENT - ASIA**

This will allow Procter & Gamble ("Originator") to make electronic payments to the "Receiver" (name and address below): Receiver wishes to have Originator initiate Credit Entries to its account specified below in payment of obligations owed by Originator. The Originator and Receiver acknowledge that the origination of transfer transactions to the Receiver's account must comply with the provisions of law.

**ALL FIELDS ARE MANDATORY. USE N/A (NOT APPLICABLE) WHERE APPROPRIATE. TYPE WRITTEN ONLY.**

Vendor Number: \_\_\_\_\_  
Company name (Receiver): \_\_\_\_\_  
Tax Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

- 1. Each Entry initiated under this Agreement shall be accompanied by sufficient information to allow Receiver to identify the payment.
- 2. If there are multiple bank accounts to be used, please complete a separate form for each account. The Account is the deposit account specified below:

Financial Institution: \_\_\_\_\_  
Bank Office Location – street \_\_\_\_\_  
- City, \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Bank Office / Branch: \_\_\_\_\_  
Swift Code: \_\_\_\_\_

Multicurrency Account: Yes ( ) No ( )

Please indicate the currency or currencies: \_\_\_\_\_

To facilitate this process and for bank information validation, please include supporting documentation such as copy of a bank statement from your checking or savings account or voided check.

- 3. Payment Remittance details should be directed to:  
E-mail \_\_\_\_\_ or fax # \_\_\_\_\_
- 4. Questions and Errors. In the event of any question or error relating to Entry(ies) initiated pursuant to this Agreement, Receiver should contact: **your P&G contact or buyer or bdvasia.im@pg.com**

Originator should contact regarding information on this form:

Name: \_\_\_\_\_ (phone)  
e-mail: \_\_\_\_\_ (fax)

- 5. You authorize P&G or its Banking Partner to contact your bank to independently verify the banking information provided above.

Authorized Representative of Receiver signs below. Signer acknowledges that he/she is authorized to sign on behalf of Receiver.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form and supporting document(s) to **001+ 513-983-8798**