

Space for Vendor Letterhead

This form must be submitted on Vendor's Letterhead

ELECTRONIC PAYMENT AGREEMENT

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. This agreement is subject to the "ACH Rules" of the National Automated Clearing House Association (NACHA) and shall be made in the type of payment form: Corporate Trade Exchange (CTX). For additional clarification visit www.NACHA.org. The Originator and Receiver acknowledge that the origination of ACH transactions to the Receiver's account must comply with the provisions of U.S. 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. Receiver's ACH Account. 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, state, zip _____
Account No.: _____
Transit Route No.: _____
Account Currency: _____
Type of Account: Checking Savings (circle one)
Type of Payment: Corporate Trade Exchange (CTX)

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:
Name: _____ 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: EFT Help Line, 513-983-6804 or bdvamericas.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.

By: _____ Title: _____
Print Name: _____ Date: _____

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