



## **Financial EDI Payment Agreement**

This Agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between Rite Aid Hdqtrs Corp (Rite Aid), a Delaware corporation and/or one of its divisions or wholly owned subsidiaries and \_\_\_\_\_, a \_\_\_\_\_ corporation ("COMPANY").

COMPANY hereby authorizes Rite Aid to make payment for goods and services by utilizing, at Rite Aid's option, Financial EDI (FEDI) payments using Automated Clearing House (ACH) payments through the National Automated Clearing House Association (NACHA). The COMPANY acknowledges and agrees that the terms and conditions of all existing agreements with Rite Aid shall be amended to the extent provided in this Agreement.

An ACH Payment from Rite Aid to COMPANY shall be considered timely if the corresponding funds transfer (payment) is completed no later than \_\_\_\_ days after payment due date determined by applicable agreement for goods and services. If the ACH payment cannot be completed on such date (non-banking business or non-business day), then payment will be considered timely if the funds transfer is completed on the next day completion can occur. The ACH payment shall be deemed completed when COMPANY's Depository Institution receives or has control of the funds.

The COMPANY certifies that it has designated the following depository institution for the purposes of receiving a FEDI payment:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Transit Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Company Name \_\_\_\_\_

Company Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number \_\_\_\_\_

NACHA Format Desired:  CCD+ (payment / remittance split)  
 CTX (payment / remittance together)

If CTX is chosen, COMPANY understands and acknowledges that Rite Aid will deliver the remittance data to the designated Depository Institution. If CCD+ is chosen, Rite Aid agrees to deliver the remittance data to your EDI Network as specified below:

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In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, COMPANY agrees to return any such payment to RITE AID after acceptable documentation relating to any such occurrence is presented.

COMPANY shall provide Rite Aid with written notification of any changes in its depository institution, payment instructions, or remittance instructions at least fifteen (15) days in advance of such change. Such notification shall be effective upon receipt by Rite Aid Treasury Department, 200 Newberry Commons, Eters, PA 17319.

This agreement may be terminated by the either party at any time by giving at least 30 days prior written notice to the other party. Notwithstanding such termination, this agreement shall remain in force and effect as to all Credit Entries which have been initiated prior to the date of termination.

Rite Aid: _____	Company: _____
Signature _____	Signature _____
Print _____	Print _____
Date _____	Date _____

*Please forward copy of this Agreement to the EDI/B2BDept.edi@riteaid.com and send the original to Rite Aid, Treasury Department, 200 Newberry Commons, Eters, PA. 17319. This applies to any future changes to banking information as well.*

*Note: Submission and acceptance of the the Rite Aid Financial EDI Trading Partner Profile document always proceeds this Agrrement*

<p><b>For Official Use Only:</b> <b>Approved by Category Management Dept.</b> _____ <b>Approved by Accounts Payable Dept.</b> _____ <b>Approved by Treasury Dept.</b> _____</p>
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