

ACH PAY & SAVE PROGRAM ENROLLMENT FORM



Masters Drug offers each customer the opportunity to earn a 1% quarterly rebate calculated on the total gross amount of customer's invoices, less any returns, during each calendar quarter.

The details of the rebate program and enrollment requirements are as follows:

1. To enroll, customers who currently do not pay via ACH will need to provide the following:
 - a) Completed and Signed ACH agreement
 - b) Copy of a Voided Check
 - c) Signed ACH Rebate Program Enrollment Form
2. Existing ACH customers will only need to provide a signed copy of this ACH Rebate Program Enrollment Form.
3. Once enrolled, customers will begin earning the rebate. Customers will be considered enrolled once they have been setup in the program. Keep in mind setup can take up to 3 business days from receipt of the enrollment form.
4. No rebates will be processed for payment until all invoices are current and if an ACH payment request is denied as a result of insufficient funds, customer will be ineligible to earn rebates until the account is in good standing.
5. Masters Drug will initiate an ACH debit on the due date for open invoices.
6. Customers will need to work with their bank to remove any ACH debit blocks on Masters Drug Co.
7. A \$0.00 test will be done to validate bank account information.
8. All rebates will be issued in the form of a credit memo posted to each customer's account.
9. Rebates will be processed within 45 days from the end of each calendar quarter.

Example:

If the enrollment requirements are received on February 10th, then the first rebate will be calculated for purchases beginning on February 13th (allowing for 3 business day setup time). A credit memo will be issued by May 15 for the rebate earned on net purchases from February 13th to March 31st.

All signed Enrollment Forms with Signed ACH Forms and a Voided Check Copy attached should be returned to the following:

Via Email: MastersACHRequests@McKesson.com

I understand and agree to the foregoing terms:

Customer Name: _____

Account Number: _____

Authorized Signature: _____

Printed Name: _____

Date: _____