



Dear Supplier:

As Anheuser Busch Companies, LLC is moving away from payments by check, we ask that you comply with this EFT enrollment request. Electronic Funds Transfer (EFT) is proven to increase efficiencies and reduce costs for both parties in the payment process. The benefits for your company include the following:

- 1) Faster receipt of cash into your bank account
- 2) Eliminate risk of lost checks
- 3) Improved fraud prevention
- 4) Lower bank fees
- 5) Improved cash forecasting
- 6) Eliminate paper with use of electronic remittance

Please fill out and sign the attached EFT form with required details and submit to GraphiteAtAB@anheuser-busch.com along with a Bank Letter or Void Check.

Please be informed once the form is received, one of our team members will call the number we have in our system to validate the information as part of our fraud prevention program. We require validation from someone other than the person that submitted the form. If you would like to proactively provide a specific resource to confirm the account or schedule a time to have the verification call, please include that with the form.

If you have any questions about the EFT enrollment process, please e-mail GraphiteAtAB@anheuser-busch.com or call us at contact center number 314-765-3111 (select option 5).

Thank you,

Jenny Van Hulle
Director Accounts Payable
Anheuser-Busch, Inc.



The Beneficiary indicated below hereby authorizes Anheuser-Busch Companies and its direct and indirect subsidiaries (AB), at their option, to make all payments to Beneficiary by initiating credit entries by electronic funds transfers through the National Automated Clearing House Association. Beneficiary designates the depository bank named below as its agent and recipient for such transfers.

| Beneficiary Name: * | | | | | | | | | | | |
|---|---|-----------------------|--|--|---------|--|---------|--|---------|--|---------|
| Contact: * | Phone Number: * | | | | | | | | | | |
| Address: _____ City: _____ State: _____ Zip: _____ | | | | | | | | | | | |
| Beneficiary's Depository Bank Name: * | | | | | | | | | | | |
| Address: _____ City: _____ State: _____ Zip: _____ | | | | | | | | | | | |
| Account Name: * | | | | | | | | | | | |
| Transit Routing No.: * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | |
| Account No.: * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not all spaces may be needed) | | | | | | | | | | | |
| Type of Account: * Savings _____ Checking _____ (Please attach a copy of a voided check or deposit slip.) | | | | | | | | | | | |
| Remittance Advice Check 1 item below for the preferred method of remittance advice: * <input type="checkbox"/> E-mail to Beneficiary Email Address(s) <input type="checkbox"/> No Remittance | <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Enter Email Address *</th></tr></thead><tbody><tr><td style="width: 70%;"></td><td>@ _____</td></tr><tr><td></td><td>@ _____</td></tr><tr><td></td><td>@ _____</td></tr><tr><td></td><td>@ _____</td></tr></tbody></table> | Enter Email Address * | | | @ _____ | | @ _____ | | @ _____ | | @ _____ |
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Beneficiary shall be deemed to have received funds upon its bank's receipt thereof. If the date on which payment would otherwise be required to be made to Beneficiary is not a banking day, AB shall instead be required to make the payment on the following banking day, without payment of interest. Each party shall bear the respective charges assessed by its bank.

If a duplicate payment, overpayment, or other payment is made in error, Beneficiary will return such payment to AB.

Beneficiary agrees that it is responsible for any loss which may arise by reasons of any error or fraud regarding the information provided by Beneficiary. Changes in the designation of Bank or account number shall be effective no more than 30 days after notice of such change is received by the Anheuser Busch master data team.

This authorization shall continue until terminated by either party by written notice, such termination to be effective 30 days after receipt thereof.

| | |
|----------------------|--|
| * _____ Name | * _____ Title |
| * _____ Signature | * _____ Telephone Number / E-Mail Address |

To complete your enrollment, please email the completed form along with a Bank Letter or Voided Check to: GraphiteAtAB@anheuser-busch.com