

Dear Edge Member,

Edge is pleased to offer electronic ACH (Automated Clearing House) payments to our dealers. ACH payment provides an alternative to paper checks, affording you the following advantages:

- Accelerated funds availability
- Better cash management forecasting
- Reduced operating costs through the elimination of paper check handling and simplification of the bank reconciliation process
- Certainty of delivery

Here's how you enroll:

1. Complete and sign the enrollment form, "ACH ENROLLMENT FORM CORP AP (Edge).pdf".
2. Forward the completed and signed form by e-mail to corpap@psasecurity.com
3. You will then receive a call from a PSA Security member to verify verbally.

For questions about the ACH setup process contact: Accounting Associate Phone: 303.459.7554

All the best,

Patrick Whipkey

Vice President Of Edge



Electronic Funds Transfer (EFT) Form

PSA now offers a safer and more efficient method to send our payments to you. We are asking that you agree to receive your payments from PSA by Electronic Funds Transfer (EFT) via ACH rather than by paper check through the mail as we currently pay you. In order for PSA to make payment directly to your bank account by EFT, PSA will need your banking information.

A remittance advice will be sent for each payment.

To enable this time saving and efficient procedure please fill in the information. For your convenience you can type in the required information before you print out the form to sign. If your banking information changes, please provide the updated information to PSA promptly so that our payments to you will not be delayed.

*****Please email your completed form to corpap@psasecurity.com*****

Bank Name: _____

Bank's 9-digit Routing Number: _____

Name on Account: _____

Account Number: _____

Account Type: Checking: _____ Savings: _____

Bank's ACH Contact: _____ Phone Number: _____

Please note that the payment cannot be sent for further credit to another bank or account.

Please provide the contact information for the person in your company who should receive remittance information.

Name: _____ Email: _____

Phone: _____ Fax: _____

In the event of duplicate or fraudulent payments, overpayments or payments made in error, PSA shall have the right to cancel or reverse any such payment after notifying you in writing or by email.

Company Name: _____

Name & Title: _____

Address: _____

Signature & Date: _____

City, State, ZIP: _____

Phone: _____