



# Pharmox LLC ACH Enrollment Form

## Banking Information

Depository/Bank name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

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

Transit routing/ABA Number: \_\_\_\_\_

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

## Business Information

Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Business Contact: \_\_\_\_\_

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

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Authorized Individual's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Title

**Please attach a void copy of the check**

**Complete Form and return by Fax or mail to:**

Pharmox LLC  
P.O. Box 60047  
Jacksonville, FL, 32260  
Phone (888) 628 – 5752  
Fax (888) 803 – 1117  
Office@Pharmox.net