



ACH RECURRING PAYMENT AUTHORIZATION FORM

We are pleased to announce that we are now offering ACH recurring payments. You can schedule your payment to be automatically deducted from your checking account. Just complete and sign this form and return it to our office along with the rest of your welcome packet and information.

How Recurring payments work:

You authorize regularly scheduled charges to your Checking or savings account. Your account will be drafted on the 5th and the 20th of each month (or the following business day). The billing period for the amount drafted will be from the 1st to the 15th being payable on the 20th and the 15th through months end being drafted on the 5th. You will be invoiced on the 1st and the 15th for the amount that is due. You agree that no prior notification will be provided unless the payment dates change, in which case you will be notified at least 10 days prior to the next payment being collected.

Customer No. _____

Customer Name _____

Email Address _____

Please print clearly the following information exactly as it appears on your check OR what your financial institution has on file.

Bank Account Type _____

Name on Account _____

Bank Routing Number _____

Please attach a void copy of the check

Complete Form and return by Fax or mail to:

5571 B Hwy 17 N
Kingsland, GA 31548
888-628-5752 EXT 102 (Phone)
888-803-1117 (Fax)
www.Pharmox.net