

West TN Pharmaceutical Care
ACH PAYMENT AUTHORIZATION FORM

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

The undersigned (Customer) hereby authorizes West TN Pharmaceutical Care, LLC to electronically debit on a one time notification or a monthly basis the account and if necessary, electronically credit the account to correct debits or returns at the depository financial institution indicated below for products and/or services incurred on invoice statements under the terms of the pharmacy services agreement entered into between Customer and West TN Pharmaceutical Care, LLC.

Name of Account Holder: _____

Name of Bank/Financial Institution: _____

Bank/Financial Institution City/State: _____

Bank/Financial Institution Routing No: _____

Checking Account _____ or Savings Account _____ No: _____

Please send attached voided check along with this ACH Payment Authorization Form.

In the event the account information provided changes during the terms of agreement I will provide West TN Pharmaceutical Care, LLC with updated account information. Customer agrees that ACH transactions authorized hereby comply with all applicable law. I understand this authorization will remain in full force and effect until I provide notice of revocation of this authorization to West TN Pharmaceutical Care, LLC.

Customer agrees to transfer of funds from this account above to make payments on invoice statements:

_____ **One time notification**

_____ **Monthly on this date** _____

Date: _____

(if payment falls on weekend or holiday customer understands payment may be executed on the next business day)

The undersigned certifies that it is authorized to execute this ACH Recurring or one time notification payment authorization as designated above on behalf of Customer.

Customer Name: _____

Facility/Agency Name: _____

Account Holder/Authorization Signature: _____

Account Holder/Authorization Name Printed: _____

Date: _____

Please Fax this completed form to: 731-554-9874 or scan and email to: fax@wtnpc.com Thank you.