



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize MEDONE, LC, hereinafter called ADMINISTRATOR, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Account (check one): Checking \_\_\_\_\_ Savings \_\_\_\_\_

This authority is to remain in full force and effect until ADMINISTRATOR has received written notification from me (or either of us) of its termination in such time and manner as to afford ADMINISTRATOR and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print Your Company/Pharmacy Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Pharmacy NABP / NPI)

\_\_\_\_\_  
(Print Tax ID Number)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**