



## 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 month 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:**

4445 Hwy Ga 40 East STE 304 SAINT MARYS GA 31558

Phone: 1-912-289-7001

Fax: 1-912-289-7031

Email: [office@pharmatrackusa.com](mailto:office@pharmatrackusa.com)