



ACH Authorization Form

Customer Setup & Authorization for Automated Clearing House (ACH) credits and debits (electronic payment)
Please print in block letters. Return completed form + voided check to accounting@prnpharma.com.

1. Customer Information

Account number (if known)	Customer DBA name (if different)		
<input type="text"/>	<input type="text"/>		
Legal company / facility name*			
<input type="text"/>			
Address*			
<input type="text"/>			
City*	State*	ZIP*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Bank Information & Payment Preferences

Bank name*	Bank transit ABA / routing #*		
<input type="text"/>	<input type="text"/>		
Bank account #*	Bank phone number		
<input type="text"/>	<input type="text"/>		
Bank address			
<input type="text"/>			
Account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Statement-delivery preference (check one):			If other, specify: <input type="text"/>
<input type="checkbox"/> Email			<input type="checkbox"/> Fax
Authorized contact name*	Phone		
<input type="text"/>	<input type="text"/>		
Email*	Fax		
<input type="text"/>	<input type="text"/>		
Alternate contact name / phone			
<input type="text"/>			
<input type="checkbox"/> Voided check attached	***IMPORTANT: Attach a copy of a voided check***		

3. ACH Authorization & Consent

Customer authorizes Premium Rx National, LLC ("PRN") to initiate ACH debit entries to the Customer's business account identified above for amounts due on PRN invoices or statements, and to initiate ACH credit entries for adjustments, credits, or refunds. Customer authorizes the financial institution identified above (the "Institution") to accept and process such entries. This authorization remains in effect until PRN receives the Customer's written notice of termination at least thirty (30) days in advance. Customer agrees to comply with applicable NACHA rules governing ACH transactions.

4. Authorized Signature

By signing below, the undersigned certifies they are authorized to execute this ACH authorization on behalf of the Customer/Facility and to bind the Customer/Facility.

Authorized signature*	Date*
<input type="text"/>	<input type="text"/>
Print name*	Title*
<input type="text"/>	<input type="text"/>
Customer / facility name*	
<input type="text"/>	