



(Please fill out if paying by ACH Withdrawal)

Agreement: ACH Authorization for CCD Transactions

This **Agreement** governs ACH transactions initiated by Pharma Pac to credit or charge the **Company** indicated below. Both parties agree to be bound by NACHA Operating Rules as they pertain to all ACH transactions initiated by that credit or debit the **Company** bank account listed below and acknowledge that the origination of ACH transactions to the listed account must comply with provisions of U.S. law.

This **Agreement** provides authorization for individual or recurring CCD transactions to be initiated by Pharma Pac when individually authorized using the methods indicated below. This Agreement will remain in effect until **Company** cancels it in writing. Both parties agree that this **Agreement** in conjunction with any of the designated methods constitutes authorization to debit **Company's** business bank account, and **Company** agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this **Agreement**.

Please complete the information below:

Company Name: _____ (Company)

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Company Name on Account: _____
Bank Name: _____
Bank Account Number: _____
Bank Routing Number: _____
Bank City/State: _____
This Business Bank Account is Enabled for ACH Transactions <input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Transaction or Recurring Schedule Authorization Methods (check all that apply):

Phone Fax Email Written Other _____

I authorize Pharma Pac to initiate ACH debits and credits to the bank account indicated above, provided each transaction is initiated according to the terms of this Agreement.

Signature: _____ Date: _____

Name: _____ Title: _____

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this Agreement on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing and agrees to notify in writing at least 15 days in advance of any changes in its account information or termination of this authorization. Company understands that because these are electronic transactions, these funds may be withdrawn from its account as soon as the date an individual transaction is authorized and that it will have limited time to report and dispute errors. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) Company understands that Pharma Pac may at its discretion attempt to process the charge again within 30 days and agrees to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. Company has certified that the above business bank account is enabled for ACH transactions and agrees to reimburse Pharma Pac for all penalties and fees incurred as a result of Company's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Company acknowledges that the origination of ACH transactions to its account must comply with the provisions of U.S. law.