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Congers, NY 10920



Toll Free Phone: 866-(OAK) 625-9390
Main Office Phone 845-600-1122
Toll Free Fax: 877-824-0702

ACH Payment Authorization Form

Sign and complete this form to authorize Oak Drugs Inc. to make monthly ACH payments from your checking or savings account.

By signing this form you give us permission for Oak Drugs Inc. to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize **Oak Drugs Inc.** to charge my bank account
(full name)
indicated below for on or after _____
(Date)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Pharmacy Name: _____ Account No: _____

Account Type: Checking Savings

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Oak Drugs Inc. may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$39.99 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Oak Drugs Inc billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Please complete and FAX: 877-824-0702 OR Email this form to accounting@oakdrugs.com