

80 Red Schoolhouse Road  
Building 2, Suite 20  
Chestnut Ridge, NY 10977



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

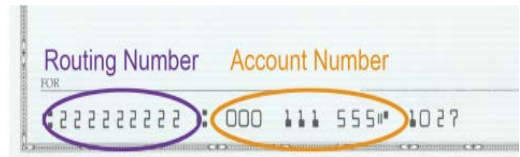
Name on Account \_\_\_\_\_

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I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date.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](mailto:accounting@oakdrugs.com)