



## AUTHORIZATION AGREEMENT FOR AUTOMATED FUNDS TRANSFER

I hereby authorize MatchRx to initiate the entries to my accounts in relation to transactions I execute on MatchRx at no cost. I acknowledge that I possess the authority to request the origination of automated clearing house (ACH) transactions to the account described below and the origination complies with the provisions of U.S. law. Transactions dishonored by the Receiving Depository Financial Institution and returned to MatchRx will be subject to a processing fee.

NAME (Legal Entity) \_\_\_\_\_

DBA (if different) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
City / State / Zip

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_  
City / State

Checking  Savings

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ROUTING NO.

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ACCOUNT NO.

PLACE VOIDED CHECK HERE																			
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This authority is to remain in full force and effect until MatchRx has received written notification from me of its termination in such time and in such a manner as to afford MatchRx a reasonable opportunity to act on it.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(required)

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(required)

**PLEASE RETURN TO:**  
210 E. Third Street | Royal Oak, MI 48067 | Suite 100  
P: 877-590-0808 | F: 248-971-0910 | registration@matchrx.com