



**Thank you for registering with MatchRX!** We look forward to working with you. We are currently verifying your pharmacy license and ownership information. All applications are verified using the National Council for Prescription Drug Programs (NCPDP) database. Members must be active and in good standing at all times.

**Why ACH?** MatchRX uses Automated Clearing House (ACH) to credit funds into your bank account on sales and to debit your account on purchases. It's simple, secure, and the most cost efficient method to transfer funds. MatchRX incorporates a secure token based payment system. At no time is your banking information included in any transaction.

Final steps and important tips for correct submission:

- The pharmacy address must be the physical location, NOT a PO BOX. We verify all addresses with USPS.
- If this is a recently purchased pharmacy or involves a transfer of ownership, you must provide a Power of Attorney or Articles of Incorporation to prove ownership.

Submitting the ACH form:

1. The ACH form must be signed by a pharmacy owner or authorized individual as stated on your NCPDP registration. If the signer is not an owner, an email or letter from the owner to authorize another individual is required.
2. Provide a photo image or scanned copy of a voided check, (a starter check is not acceptable). If a check is not available, please submit a letter from your bank on bank letterhead with account and routing numbers.
3. Return the completed ACH form and check image / bank letter to MatchRX via:
  - Secure Fax @ 248-971-0910
  - Email to [documents@matchrx.com](mailto:documents@matchrx.com)

Upon approval of your registration, a temporary password with login instructions will be emailed to the address submitted in your registration. Shortly after the email is sent, your account representative will call to set up a brief, but important Quickstart training session. Attending this session will ensure a good member experience for your pharmacy.

Please call 1-877-590-0808 or email [customerservice@matchrx.com](mailto:customerservice@matchrx.com) with any questions.



## AUTHORIZATION AGREEMENT FOR AUTOMATED FUNDS TRANSFER

I hereby authorize MRX Holdings LLC to initiate the entries to my accounts in relation to transactions I execute on MRX Holdings LLC 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 MRX Holdings LLC 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

□ □ □ □ □ □ □ □ □ □

ROUTING NO.

□ □ □ □ □ □ □ □ □ □ □ □ □ □

ACCOUNT NO.

### PLACE VOIDED CHECK HERE

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3. Return the completed ACH form and check image / bank letter to MatchRX via **secure fax at 248-971-0910** or **email documents@matchrx.com**.

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

SIGNATURE: \_\_\_\_\_

(Pharmacy Owner or Authorized Individual)

DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE \_\_\_\_\_

#### PLEASE RETURN TO:

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