



All information is required before processing

Please contact your financial institution to confirm the appropriate ACH bank routing number and correct bank account number. These numbers may differ from your checking account number.

COMPANY INFORMATION

FINANCIAL INFORMATION

Company Name

Name of Financial Institution

RPB Account Number

Financial Institution Address

Federal Tax ID

Financial Institution City, State and Zip

Mailing Address

Financial Institution Telephone Number

City, State and Zip Code

Bank Routing Number (9 digits)

Telephone Number

Bank Account Number

Remit Email Address

Authority is hereby granted to RxPreferred Benefits to debit/credit the account listed above for payment amounts due the associated company. The financial institution listed above is authorized to accept such debits/credits when so submitted. This authorization is to remain in full force and effect until RxPreferred Benefits has received official notification in writing by an authorized agent of its termination or change. RxPreferred Benefits is granted 30 days to make such changes as requested.

Contact Name (Please Print)

*Signature (as accepted by your Financial Institution)

Date

**Forward completed Authorization Form via facsimile to: (888) 631-0862
OR email to: info@RxPreferred.com**

Beginning on the first payment date following our receipt of the completed ACH form, voided check, and W-9 all payments will be electronically debited/credited to your bank account.

If you have questions, please contact the Billing Department at: (888) 666-7271