



ACH AUTHORIZATION FORM

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.

PHARMACY INFORMATION

Pharmacy Name

NPI Number

Federal Tax ID

Mailing Address

City, State and Zip Code

Telephone Number

Remit Email Address

FINANCIAL INFORMATION

Name of Financial Institution

Financial Institution Address

Financial Institution City, State and Zip

Financial Institution Telephone Number

Routing Number (9 digits)

Account Number

Authority is hereby granted to Southern Scripts, LLC, to credit the account listed above for payment amounts due the associated pharmacy/pharmacies listed herein (please attach pharmacy listing). The Financial Institution listed above is authorized to accept such credits when so submitted. This authorization is to remain in full force and effect until Southern Scripts, LLC has received official notification in writing by an authorized agent of its termination or change. Southern Scripts, LLC is granted 30 days to make such changes as requested.

Contact Name (Please Print)

*Signature (as accepted by your Financial Institution)

****Form not valid without a signature***

Date

Forward completed Authorization Form via facsimile to: **(888) 581-8742**

OR email to: billing@southernscripts.net

NOTE: If all information on the enrollment form is not provided or is provided incorrectly, there may be a delay in processing.

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

If you have questions, please contact the Billing Department at: (800) 710-9341