



Republic Pharmaceuticals

535 S Mansfield ST
Ypsilanti, MI, 48197.
Hours: Monday- Friday 10am-5pm

Email: customerservice@republicpharma.com

Phone: 800-659-6609 ext 101

Fax: 800-671-9980

Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Payment Options

Customers may select one of the following monthly payment options:

ACH (Manual ACH Payment): Under this option, the customer agrees to pay for all outstanding invoices on the 10th of each month by initiating an ACH transfer using the Company's banking information. The customer may also pay by check sent via mail or fax, provided that payment is received and processed on or before the 10th of each month. Company banking details may be obtained directly from your assigned representative. The customer is responsible for ensuring that payment is submitted timely each month in the full amount due.

Auto ACH (Recurring ACH Draft): Under this option, the customer authorizes the Company to automatically initiate an ACH debit on the 10th of each month for the total balance of all outstanding invoices for that billing period. The debit will be processed using the bank account information provided by the customer and will appear on the bank statement as an "ACH Debit."

Payment Selection (Check One):

- ACH (Customer-Initiated Payment)
- Auto ACH (Company-Initiated Draft) *A voided check is required to establish Auto ACH terms. *

Please complete the information below:

Medical Facility or Pharmacy Name: _____

Billing Address City, State, Zip: _____

Phone Number: _____ Email (required): _____

DEA Number: _____

Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number _____

Bank Routing # _____

Bank City, State _____



PERSONAL GUARANTEE

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness owed to [REPUBLIC PHARMACEUTICALS](#). This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of [REPUBLIC PHARMACEUTICALS](#). Revocation shall not affect indebtedness incurred prior to receipt of written notice

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ SSN: _____

PERSONAL GUARANTEE (ADDITIONAL OWNER)

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness owed to [REPUBLIC PHARMACEUTICALS](#). This personal guarantee shall remain in force until its revocation is received by certified mail to the address and attention of [REPUBLIC PHARMACEUTICALS](#). Revocation shall not affect indebtedness incurred prior to receipt of written notice

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ SSN: _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Republic Pharmaceuticals in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Republic Pharmaceuticals may at its discretion attempt to process the charge again within 30 days and agree to an additional \$50 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.