

# AX Pharma Corporation

2725 Tracy Road,  
Northwood, OH 43169  
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Email: [accounting@axpharmaceutical.com](mailto:accounting@axpharmaceutical.com)

## Customer Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ ☐ Business ☐ Personal

## Payment Authorization

☐ I/we hereby authorize the above business debit my account for regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account.

## ACH Payment Terms

### Authorization

I authorize the above business to debit my bank account as outlined in the payment terms of this agreement.

### Recourse

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any ACH that is not authorized or is not consistent with this ACH Agreement. I understand that this authorization will remain in effect until it is canceled in writing and I agree to notify the above business at least 15 days in advance to any changes.

To obtain more information about your recourse rights, you can visit [www.nacha.org](http://www.nacha.org).

☐ I agree with the above payment terms and conditions.

## ACH Information

Please attach a void cheque or fill out the below account details.

☐ Checking ☐ Savings

Routing No. \_\_\_\_\_

Account No. \_\_\_\_\_

Maximum Authorized Amount \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_