

Recurring Payment Authorization Form

Choose your preferred method of payment:

- Automatically debit checking account on invoice due date. (Net 30) If no selection is made, this choice will apply.
- Automatically debit credit card account on the invoice due date. (Net 30)
- Fax or email check by the invoice due date. (Net 20)

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount due. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided. Providing the information below grants you Net 30. However, payments made by check default to Net 20.


Please complete the information below:

I, _____, authorize KY Meds, Inc. to charge my checking account or credit card indicated below for open invoices.

Company Name _____

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Checking/Savings Account	or	Credit Card
<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Acct _____ Bank Name _____ Acct Number _____ Bank Routing # _____ Bank City/State _____		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover Cardholder Name _____ Acct Number _____ Exp Date _____ CVV Code _____ Zip Code _____
		
<p>*Please Include a voided check**</p>		

Signature _____ Date _____

Submit form to: Sales@kymeds.com or Fax to 877-683-2065

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify KY Meds, Inc in writing of any changes in my account information or termination of this authorization. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. 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.

Revised: December 2018