



ANIMAL HEALTH

A Henry Schein Company

**AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**

BUTLER SCHEIN ANIMAL HEALTH™ ACCOUNT# _____

ACCOUNT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (_____) _____

I (we) hereby authorize BUTLER SCHEIN ANIMAL HEALTH (BSAH) to initiate debit entries to my (our) checking account indicated below at the depository named below hereinafter called DEPOSITORY to debit the same to such account on the **10th of the month**.

DEPOSITORY NAME: _____ ACCOUNT HOLDER'S NAME: _____ ROUTING NUMBER: _____ ACCOUNT NUMBER: _____ (9 DIGIT NUMBER) This authorization is to remain in full force and effect until BSAH has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BSAH and DEPOSITORY a reasonable opportunity to act on it.
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NAME(S): _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

NOTE: ALL WRITTEN DEBT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE BE AWARE THAT SHOULD FUNDS NOT BE AVAILABLE IN YOUR ACCOUNT AT THE TIME OF ELECTRONIC TRANSFER, YOUR BUTLER AHS ACCOUNT COULD BE PLACED ON HOLD.

WE REQUIRE TWO BUSINESS DAYS NOTICE IF PAYMENT IS NOT TO BE MADE THROUGH THE ACH DEBIT PROGRAM FOR A GIVEN MONTH.