



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize "current amount due" charges to your checking/savings account or credit card. You will be charged the amount of your orders previously placed and delivered as they become due. A receipt for each payment will be emailed to you. If you choose ACH payment, the charge will appear on your bank statement as an "ACH Debit." **You agree that no prior notification will be provided unless the date or amount changes**, in which case you will receive notice from us at least 5 business days prior to the payment being collected.

Please complete the information below:

I _____ (full printed name) authorize Gulf Coast Pharmaceuticals Plus, LLC to initiate ACH debits or charge my credit card indicated below on the date due for payment of my purchases.

Business Name _____
 Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

ACH Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Business Name _____	
Account Number _____	
Exp. Date _____	
Security Code _____	

Sales Representative: _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Gulf Coast Pharmaceuticals Plus, LLC 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Gulf Coast Pharmaceuticals Plus, LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional 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.