



ACH Authorization Form

With the convenience of ACH, we offer two types options:

Monthly ACH Payment: Authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated on the statements you receive in the email and will receive a confirmation of the transfer. You may cancel this automatic billing authorization at any time by contacting us by email only.

Will Notify Each Time Via E-Mail: Upon reviewing statement, you inform BRP through email the amount to debit your account. When notifying BRP the ACH approval, please be sure to provide account number and payment breakdown so we can be sure to apply the payment accordingly.

If you would like to submit the ACH rather than being debited from BRP, please request our ACH information and we will gladly provide the information to you. We will require an email of the transfer confirmation, account number and payment breakdown so payment can be applied accordingly. If you have any questions, or concerns, please contact Accounting.

PLEASE SEND BACK THE COMPLETED FORM DIRECTLY TO ACCOUNTING VIA:

// FAX: [818-450-0653](tel:818-450-0653) //

// EMAIL: ACCOUNTING@BRPPHARMA.COM //

Customer Information Required (To be completed by customer)

BRP Account Number: _____ Customer name: _____ Phone: _____ - _____ - _____

ACH Information (To be completed by customer) *We do not accept E-checks via phone*

Customer ACH Payment: **Please note you are agreeing for BRP to electronically debit your account.**

Name: _____ Frequency: Monthly Will Notify Each Time Via E-Mail One Time Use Only

Bank Name: _____ Amount: \$ _____

Routing Number: _____

Account Number: _____ Signature: _____ Date: _____
X _____

**If you are interested in sending ACH to
BRP please be sure to email:
accounting@brppharma.com
and we will gladly send you the information
needed.**