



Recurring Payment Authorization Form

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

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.

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 that is due each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as "St. James Long Term Care Pharmacy, LLC". 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 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize St. James Long Term Care Pharmacy to charge my Credit/Debit card on the 1st business day of each month for payment of my prescriptions.

Credit/Debit Card

- | | |
|-------------------------------|-------------------------------------|
| ☐ Visa | ☐ MasterCard |
| ☐ Amex | ☐ Discover |

Cardholder Name _____

Card Number _____

Exp. Date _____

3 Digit Security Code (CVV) _____

Billing Zip Code _____

Email Address _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify St. James Long Term Care Pharmacy 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 debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 a transaction being rejected for Non Sufficient Funds (NSF) I understand that St. James Long Term Care Pharmacy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 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 these transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card 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.