

Internal Use
Account Name:
Account Number:



**ACH Bill Payment Enrollment Form
(ACH-Manual Option)**

Account Name (as printed on your Bank Statement)

Address (as printed on your Bank Statement) City State Zip Code

Financial Institution Information

Financial Institutional Name:	Branch:
Financial Institutional Address:	City:
State:	Zip Code:
9 Digit ABA Routing/Transit Number:	Account Number:
Checking:	Savings:

**Please enclose a Voided Check with the Form
ACH Payment Transaction Will Be Processed On the Invoice Due Date.**

The undersigned owner or authorized officer of the entity reflected below hereby authorize Independent Pharmacy Distributor LLC to debit the financial institution named above and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with U.S. law. This authorization shall continue until written notification is received by IPD to cancel. I (We) can stop payment of any entry by notifying my (our) financial institution three (3) days before my (our) account is charged.

Print Name and title

Signature (Must be authorized account signer)

Date

Sales Rep:

Forms must be typed and forwarded to your sales manager in MS Excel format for approval.

All information will be accurate.

One form per vendor; attach additional forms as needed.

Large Order Requests are non-returnable. Invoice needs to indicate this is a large order request.

Orders must be in case pack quantity for any product not stocked or for export.

Forward completed requests to your sales manager for approval.

All information must be complete and accurate or the request will be rejected.

Sales Managers:

Confirm vendor is not on the blocked list.

Confirm information is complete and accurate.

Forward all other orders to Credit for approval.

All information must be complete and accurate or the request will be rejected.

Credit Department:

Review the request and ensure customer has adequate credit to process.

Forward requests for controlled substances to SOM for approval.

Forward all other requests to Inventory Management via purchasing3@thdg.com

SOM:

Attach DEA permit and all other necessary permits to form.

Forward to Inventory Management via purchasing3@thdg.com

Inventory Management:

Review the request for accuracy and completeness.

All request that are inaccurate or incomplete will be rejected.

Place order with supplier.

Place items on T-Hold if needed.

Provide ship dates as needed.