

Account Number: _____ Date: _____

Account Name: _____ Owner's Name: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name: _____

(Signer as it appears on bank account)

Billing Address: _____

(Address where bank statement is mailed)

City: _____ State: _____ ZIP: _____

PAYMENT OPTIONS FOR BANK ACCOUNT AND AUTOMATED ELECTRONIC PAYMENTS

Select New or Existing Enrollment into Auto Charge Payments by choosing the date of payment and provide banking info to be stored on file.

NEW Enrollment in Auto Charge Update Existing Auto Charge Enrollment

Automatically withdraw from my bank account for my invoices on the **15th of each month**

Automatically withdraw from my bank account for my invoices on the **30th of each month**

Automatically withdraw from my bank account for my invoices **each day**

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

UPDATE BANK INFORMATION ONLY – NO AUTOMATED PAYMENT DESIRED

Update/Replace existing bank account information to file

ADD additional bank account information to file

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Please email this form to customer.accounts@animalhealthinternational.com

By signing this form, I hereby authorize Animal Health International, Inc. to automatically withdraw funds from or charge my account, as applicable, for recurring payment amounts each billing period, without the need for prior notification and based upon the payment information provided above. The use shall be limited to current and future purchases from Animal Health International, Inc. and in payment of recurring outstanding balances owed to Animal Health International. I understand it is my responsibility to ensure that my banking institution accepts these charges and my Animal Health International, Inc. account balance remains current. If my banking institution continues to decline these charges, Animal Health International, Inc. will remove my account from automatic payment options. I may revoke or cancel this authorization at any time by notifying Animal Health International, Inc. in writing at least fifteen (15) days prior to termination to Animal Health International, Inc. Attn: Credit Department, PO Box 1418, Loveland, CO 80539, or by emailing customer.accounts@animalhealthinternational.com. Any change to the payment information above, will require a new Payments Authorization Form. Further, I agree not to hold Animal Health International, Inc. responsible for any delay or failure to make timely payments on my account due to incorrect information supplied by me, insufficient funds, or due to any error on the part of my financial institution in regard to my account or transferring funds. Animal Health International, Inc. reserves the right to discontinue this method of payment at any time without prior notice; therefore, it is your responsibility to ensure your account remains current.

Effective July 28, 2024, Animal Health International, Inc. will begin adding a transaction fee (up to 1.5% depending on the rules of your jurisdiction) on all purchases made with a credit card. This helps us to maintain competitive prices and is not greater than our cost to accept your card. We will not charge a fee when customers make a payment using check, eCheck, ACH or wire transfer methods

In order for Animal Health International, Inc. to accept this form, we must have an authorized signature below.

Please attach a voided check.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

I am an authorized signer, or otherwise have authority to act on behalf of the account identified in this agreement.