

**VDx**[®]

Veterinary Diagnostics

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VDx – One-Time ACH Payment Enrollment

To authorize one-time ACH payment, please complete the form below. There is no additional charge to use this system.

Clinic, Hospital or Account name: _____

VDx Account no: _____

My Bank name: _____ Branch: _____

City: _____ State: _____

Account holder name: _____

Routing number: _____ Bank Account number: _____

Account type: Checking Savings

Account SSN or taxpayer ID: _____

Email address: _____

Amount to Pay: _____

I hereby authorize VDX, Inc ("VDx", dba VDX – Veterinary Diagnostics and VDX – Preclinical, TID #68-0475320) to make a one-time withdrawal of funds ("Debit") in the Amount to Pay above from the Bank Account listed above. Funds will be withdrawn on or after the 20th of the month through the Automated Clearing House (ACH) system. I also authorize VDX to initiate deposits ("credits") to my Bank Account to correct any errors that may have been made with debits to my Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This is a one-time ACH authorization only and VDX is not authorized to make any other debits from my Bank Account unless further instructions authorizing additional ACH payments are received in writing.

I warrant to VDX and to VDX's Bank (First Northern Bank) that:

[] Only my signature is needed on this authorization to make it effective for my Bank Account.

[] Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it.

Signature: _____

Print Name: _____

Signature #2: _____

Print Name #2: _____

Title: _____

Date: _____

Return completed form by mail to VDX, 215 C Street, Suite 301, Davis, CA 95616 or fax to 530-753-4055.

-- DO NOT EMAIL FORM BACK --