AUTOMATIC PAYMENT ENROLLMENT

To authorize automatic ACH payment of your monthly bill, 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 No: _____

Account Type: ☐ Checking ☐ Savings

Account SSN Or Taxpayer ID: _____

Email Address: _____

I hereby authorize VDx, Inc ("VDx", dba VDx – Veterinary Diagnostics and VDx – Preclinical, TID #68-0475320) to withdraw funds ("Debits") in the amount of my total monthly balance due from the Bank Account listed above. Funds will be withdrawn on or after the 20th of each month through the Automated Clearing House (ACH) system.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.

I may cancel automatic payments at any time. This authorization will otherwise remain effective until I give VDx written notice to the contrary and VDx has had a reasonable period of time to act on that notice. My revocation of VDx's authority to initiate debits to my Bank Account will not affect VDx's right to initiate credits to my Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

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 –