

**®** 

credit@pennvet.com

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Internal Use			
TR	IR		
CL	TC		
Acct			

## AUTHORIZATION TO DEDUCT RECURRING PAYMENTS FROM BANK ACCOUNT

	RECURRING EFT (ELECTRONIC FU	NDS TRANSFER) DEBITS A	JUTHORIZATION		
time and manner as	emain in full force and effect until COMPAN to afford COMPANY and FINANCIAL INS g my FINANCIAL INSTITUION at least 3 d	TITUTION a reasonable oppo	ortunity to act on it. I can stop payment of		
Account Name					
Penn Vet Account Numb	er	Date			
Email address					
Print Name and Title					
Signature					
	orize Penn Veterinary Supply, Inc., herei NANCIAL INSTITUTION, to initiate debit en				
Financial Institution Name		Routing Number			
Branch		Account Number			
Address: Street, City, State Zip Code					
Type of account	☐ Checking or ☐ Savings				
Frequency	equency  3%* - Time of order  3%* - Beginning of each week on Mondays (EFTB)  3%* - End of each week on Fridays (EFTE)  2%* - Monthly – First business day of each month following purchases (EFTM)  **Covalifying customers must have net end-of-month terms and current credit application on file				
Please provide a VOIDED check with this form.	NAME ADDRESS CITY, STATE ZIP  PRY TO THE ORDER OF  BANK NAME ADDRESS CITY, STATE ZIP  FOR  1:01234.55781: 01234.55789012 1* 0123  Bank Routing Number Number Number	0123 01-2345/6789 — DOLLAPS			
	PLEASE RETURN COMPLETED	FORM TO PENN VETERINA	RY SUPPLY		

P.O. BOX 8737, LANCASTER, PA 17604

717.656.2536