



ELECTRONIC FUNDS TRANSFER (EFT) FORM

Authorization for Automatic Payment

I authorize RJ Matthews Company, dba PBS Animal Health, and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Financial Institution name: _____

Branch: _____ Phone number: _____

Financial Institution address: _____

City: _____ State: _____ Zip: _____

Customer signature: _____ Date: _____

Customer name (please print): _____

Customer email address: _____

Customer address: _____

City: _____ State: _____ Zip: _____

Customer phone number: _____

Checking account number: _____

Savings account number: _____

Financial Institution routing number: _____

Customer account number: _____

On _____ (date) I authorized

RJ Matthews Company • dba: PBS Animal Health
2780 Richville Drive SE, Massillon, OH 44646
Phone: 330-834-3000, ext. 2174 • Fax: 330-830-2774

to initiate electronic entries to my checking/savings account at the time of each order and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

You will receive a yellow packing slip with each order and a mailed invoice, stamped "paid", each time your account is debited.

Your bank statement will show the EFT payment made to RJ Matthews Company.

Any questions, please call 800-321-0235 and ask for Accounting.

PLEASE INCLUDE A VOIDED CHECK

Thank you!