

Customer # _____



Experts in Blood Pressure Management™

PharmaSmart®

PharmaSmart Canada Corp.

EFT Information Request

Customer Name: _____

Customer Address: _____

Telephone Number: _____

Fax Number: _____

Contact Person: _____

Email Address: _____

Banking Information: (Please attach a voided cheque):

Branch ID Number (5 digits): _____

Bank ID Number (3 digits): _____

Account Number (up to 12 digits): _____

EFT Transfer Type (Circle One): Recurring Payment One-Time Payment

I hereby authorize Pharma-Smart Canada Corp. to debit my account by EFT from the bank account named above. I am aware that my account will be debited with the first 7-10 business days of each month.

Name of Authorized Person and Title (Please Print)

Authorized Signature

Date

Please forward completed form and voided check by fax to (585) 427-8165 or by e-mail to accountsreceivable@pharmasmart.com.