

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize No Frills Pharmacy, LLC dba Health Mart Pharmacy or its agent, hereinafter called **COMPANY**, to initiate credit entries, if necessary, debit entries, and adjustments for any credit entries in error to my  Checking  Savings account indicated below and the depository, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

**BANK NAME** \_\_\_\_\_

**TRANSIT/ABA NUMBER** \_\_\_\_\_  
(not from deposit slip)

**ACCOUNT NUMBER** \_\_\_\_\_

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

**NAME** \_\_\_\_\_

**SSN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_  
(Necessary for new hire reporting)

**PAY RATE** \_\_\_\_\_

**FULL TIME** -- YES NO