



FOX HILLS MEDI-MART, LTD
1539 S. Opdyke Road
Bloomfield Hills, Michigan 48304



ACH PAYMENT ON ACCOUNTS

To ensure your account is kept current provide the following information to be used for charges incurred at Medi-Mart Pharmacy. You will receive a monthly statement of medications and supplies along with the ACH receipt in the mail. If you have any questions, please contact us. All information is kept strictly confidential. Please print all information.

Patient Name _____ DOB _____

Name of Financial Institution _____

Account Number _____

Routing Number _____

Name on Account _____

Address _____

City _____ State _____ Zip _____ Phone _____

I hereby give authorization to Medi-Mart Pharmacy to charge/credit the above bank account for charges incurred on a monthly basis. If there are insufficient funds at time of payment a \$40.00 fee will be accessed.

Signature _____ Date _____