

ONLINE ACH AUTHORIZATION TERMS & CONDITIONS FORM



River City Pharma

Masters Drug Company, Inc. and its Affiliated Companies (collectively referred to as "Masters")

[PLEASE PRINT IN BLOCK LETTERS]

Account Number: _____ Customer DBA Name: _____

Legal Company Name: _____ City: _____

Address: _____ State: _____ Zip: _____

CUSTOMER SET UP & AUTHORIZATION FOR AUTOMATED CLEARING HOUSE ("ACH") CREDITS AND DEBITS (electronic payment)

Bank Name: _____ Bank Transit ABA#: _____

Bank Address: _____ Bank Account #: _____

City: _____ State: _____ Zip: _____ Bank Phone Number: _____

Statement-Delivery Preference: (Check One) EMAIL FAX Phone: _____

Auhtorized Contact Name: _____ Fax: _____

Email: _____ Alternate Contact Name/Phone: _____

IMPORTANT: Please attach a copy of a voided check

Customer authorizes Masters Drug Company, Inc., a Delaware Corporation, for itself and as collection agent for any of its affiliates (collectively "Masters"), to initiate ACH credit and debit entries to/from Customer's business account indicated above for amounts owed on invoices or statements that are provided to Customer and Customer hereby authorizes the financial institution named above (the "Institution"), to accept the ACH credit and debit entries. Authority to initiate ACH credit and debit entries shall remain in full force and effect until Masters' Credit Department has received written notice from Customer 30 days in advance of its termination of such authorization. Customer understands that Customer has the legal right to stop payment of an ACH credit or debit entry by notification to Institution; provided, prior to such action, Customer shall give Masters 30 days written notice to permit Masters to take any necessary actions to avoid disruptions in payments from Customer. Customer agrees to follow NACHA rules applicable to ACH transactions.

Customer agrees to pay for all purchases, services, fees and other charges incurred by Customer, any employee or other agent (whether acting under authority of the Customer or otherwise) on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed or services provided to a third-party agent on behalf of Customer). Customer agrees to pay all reasonable attorney fees and expenses or costs incurred by Masters in enforcing its rights to collect amounts due from Customer. Without limiting Masters' other legal rights, Masters may exercise a right of set-off against amounts due Customer from Masters. Masters reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders or the providing of any service, software, support or implementations to Customer if Masters concludes that (I) there has been a material change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet Masters' credit requirements.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Send a Signed Enrollment Forms with Signed ACH Forms and a Voided Check Copy Attached to: Via Email: MastersACHRequests@McKesson.com