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Electronic Payment Agreement

Please read the following authorization agreement and complete the form below. **9a** U]zZax or mail this authorization to our office with the appropriate signature to begin taking advantage of the paperless bill payment option with Larch Hill Laboratory, LLC.

Payment Authorization. =Zmci 'a U_Y'U'dUma Ybh'z'mci '\YfYVmUW\bck 'YX['Y'UbX'U[fYYz'cf'fYdfYgYbh'hUh'f]]'mci 'UfY'U'Y['U'ck bYf' cZ'hY'DUm]b['5W'ei bh'hc 'VY'WYX]hX'#XYV]hYX'i dcb'dUma Ybh'z'UbX'mci '\Uj'Y'Z' 'U' h'cf]mhc'U' h'cf]nY'gi W' dUma Ybhg/'f]]'e'@'g'Ui h'cf]nYX'hc' a U]bH]b]b]Z'fa Uh]cb'W'ebWfb]b] 'mci f'DUm]b['5W'ei bh'UbX'hc' d'fcW'gg'mci f'dUma Ybh'fYei Yghg/'f]]'e' mci 'k']'Ybgi fY'hUh'hY'DUm]b['5W'ei bh'hc'W'ej Yf' gi W' dUma Ybh'fYei Ygh'f]]'e' U'bm'dUma Ybh'fYei Yghg'a UXY'a Um'hU_Y'' 'hc') 'Vi'g]bYgg'XUm]g'cf''cb[Yf'VYz'cfY'hY'dUma Ybh'g'dcghYX'hc' hY'dUm'Y'U'W'ei bh'f] 'e' mci 'UfY'gc'Y'm'fYg'dcgb]V'Y'Z'cf'gi Va]h]b['dUma Ybh'fYei Yghg'Z'f'Y'bc' ['\]'b'UX] UbW'hc'Ybgi fY'h]a Y'm'dUma Ybh' UbX'f]]'e' d'fcj]X'Yf']g' b'ch']UV'Y'Z'cf' Ub'm'dYb'U'h]Yg'z'c] YfX'f'U'Z'h'W'Uf[Yg'z']bgi Z'W'Y'bh'z' bX'W'Uf[Yg'z'cf''U'h' dUma Ybh'W'Uf[Yg'fYgi 'h]b['Z'ca ' mci f'Z]i' fY'hc'a U]bH]b]b]gi Z'W'Y'bh'z' bXg'hc'W'ej Yf'gi W' dUma Ybh'fYei Yghg'cf'XY'Um]g]b' d'fcW'gg]b['hY'dUma Ybh'fYei Ygh'

Hf'Ubga]gg]cbg]U'W'cgg'hY' =bh'f'Y'h'W'ob'Z] 'Z'cf'j Uf]ci g'fYU'gcbg'UbX'k]h'ci h'k'Ufb]b["'5'dUma Ybh'fYei Ygh'k]'b'chVY'W'bg]XYfYX' hf'Ubga]h'YX'i bh' 'mci 'fY'W]j Y'Ub'Ya U] 'W'ebZ]fa Uh]cb'cZ]gi W' dUma Ybh'fYei Ygh'UbX'#cf'cb']bY'dUma Ybh'fY'W]dh'k]h' 'U'i b]ei Y'h'UW]b[' bi a VYf'f'DUma Ybh'7'cbZ]fa Uh]cb]e' 'F'Y[UfX'Ygg'cZ'k \Y'h'Yf'mci 'fY'W]j Y'U'DUma Ybh'7'cbZ]fa Uh]cb]z'mci f'dUma Ybh'fYei Ygh'k]'b'chVY' z'Z]YX']Z'h'YfY']g'Ub]b'U'W'V'f'U'W'm]b'hY'dUm]b['5W'ei bh']b'Z'fa Uh]cb' d'fcj]X'YX' V'm'nci 'cf']Z'h'YfY'UfY']bgi Z'W'Y'bh'z' bXg'Uj U]UV'Y']b'hY' DUm]b['5W'ei bh' '@'@'k]'b'chVY'']UV'Y'Z'cf'gi W' dUma Ybh'Z]i' fYg'z']b'W'X]b['Ub'm'Uggc'V]U'hYX' Z'Y'g'cf' W'Uf[Yg']b'W'fYX' V'm'nci ''

hY'Y']b'UbW]U' =bgh]h]cb'k]'fYa U]b'hY'f'cf]]]b'U'hc'f] 'cZ'Ub'm'dUma Ybh'fYei Ygh'gi Va]h'YX'Z'cf'di f'dc'gY'g'cZ'W'ea d'n]b['k]h' ZYXYfU'UbX' ghU'h' 'V'Ub_]b['U'k g'z' fY[i 'Uh]cbg'z'cf'fi 'Yg''C'h'Yf'h']fX'dUf'h]Yg']b]c] YX']b' d'fcj]X]b['g'Yf]]W'g'a Umb'chVY' [c] Yf'bYX' V'm'gi W' 'U'k g'z' fY[i 'Uh]cbg'z'cf'fi 'Yg'UbX'Xc' b'ch'Uggi a Y'h'Y'fYg'dcgb]V]]h]Yg'cZ'hY'f'cf]]]b'U'hc'f]''

6mg]]b]b['VY'ck'z' =fYdfYgYbh'hUh' =\Uj'Y'fYUX'UbX'Ua 'U' h'cf]nYX'hc'g]] b#gi Va]h'h'g'U[fY'Ya Ybh'Z'cf'hY'']ghYX'Ybh]m'UbX'hUh'U'']b'Z'fa Uh]cb' d'fcj]X'YX' \YfY']g' h'fi Yz'W'ea d'Y'h'UbX'U'W'V'f'U'hY'' h']g'U[fY'Ya Ybh'g'U'U'f'Ya U]b']b' 'YZZ'W'ei bh' '@'@'g' b'ch]Z]YX']b'k'f]h]b['cZ' Ub'm'XYg]fYX'a cX]Z]W]h]cbg''D'Y'U'g'y'Y'W'h'cbY'cZ'hY'dUma Ybh'a Y'h'cXg'VY'ck''

Practice: _____ Owner/Partner Signature _____
Address: _____
City, State, Zip: _____ Email Confirmation Address: _____
Phone#: (____) ____ -- _____ Automatically process my selection each month -- yes no

1) -- For ACH processing
Bank Name: _____ Checking
Bank Routing Number: _____ Savings
Bank Account Number: _____



2) -- For Credit/Debit Card processing
Company Name: _____ Postal Zip Code _____
Contact: _____
Credit Card Number: _____ Card Type _____
Exp. Date: _____ CVV (back of card): _____
Signature: _____ Date _____