

Authorization for Electronic Funds Transfer (EFT)

I hereby authorize the **Pharmacy Survival Fund (the "PSF")** to make \$_____ monthly deductions, on or about the 15th of each month, from the following account:

Please check one and fill in the account number:

Checking Account
Account Number: _____
(please return a VOIDED CHECK with this form)

OR

Savings Account
Account Number: _____
(please return a SAVINGS DEPOSIT SLIP with this form)

Signature: _____

Date: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

You may discontinue this deduction at any time by sending written notice to the PSF at the address listed below. Corporate checks are acceptable for the Pharmacy Survival Fund.

Please return this form along with a voided check or a saving deposit slip to:

**TrueCare Pharmacy Survival Fund
500 W. 13th Street
Austin, TX 78701**