ACH Authorization Agreement for Electronic Funds Transfer

Note: Electronic Remittance Advice is MANDATORY

Pharmacy Information

Pharmacy / Organization Name:

NCPDP Number:	Federal Tax ID Number:

Pharmacy Mailing Address:

Please attach a separate page if you have multiple NCPDP #s (Independent Pharmacy) or multiple Chain Codes (Chain Pharmacy).

Note: Please enclose a copy of your voided check or a bank account verification letter.

Automatic Deposits

I (we) hereby authorize **LucyRx**, hereinafter called **COMPANY**, to initiate credit entries to my (our) ☐ Checking account or ☐ Savings account (select one) indicated below, and the depository named below, hereinafter called **DEPOSITORY**, to credit the same to such account.

Bank / Depository Name:

Bank Routing Number:	Bank Account Number:

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

Contact Information

Pharmacy / Organization Authorized Representative:

Title of Authorized Representative:

Phone:

Email:

Signature:	Date:

Remittance Advice

Please indicate which method you would like to receive electronic remittance advice files.
For ShareFile and STFP method, please choose one of the file formats for your remittance advice.
Choose PDF if you do not have a program capable of reading 835 files.

Option 1 — Client of Third-Party Reconciler

If you are a client of one of these TPRs, please indicate which TPR you wish to utilize for remittance advice
Note: If you are not a client of one of the listed TPRs, please choose the ShareFile Method or SFTP Method.

☐ Inmar ☐ FDSRX ☐ Net-Rx ☐ NHIN (National Health Information Network)

☐ ReconRx ☐ ScriptPro ☐ APCI (American Pharmacy)

Option 2 — ShareFile Method

☐ **ShareFile** (provide email below)

☐ 835 File Format

☐ PDF File Format

Please provide the name and email address of the individual accessing electronic remittances.
A folder will be created for you in ShareFile. Instructions to access your ShareFile folder will be provided upon completion of ACH/ERA enrollment.

Name:

Email Address:

Option 3 — SFTP Method

Someone from our team will contact you to initiate the set up required for an SFTP connection, with the assistance of our IT team.

☐ **SFTP** (Secure FTP Server)

☐ 835 File Format

☐ PDF File Format

Pharmacy Provider Signature **Title** **Date**

Please return completed form to achsupport@lucyrx.com