



LARCH HILL LABORATORY, LLC.

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Electronic Payment Agreement

Please read the following authorization agreement and complete the form below. Email, fax 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. If you make a payment, you hereby acknowledge and agree, or represent that: (i) you are a legal owner of the Paying Account to be credited/debited upon payment, and you have full authority to authorize such payments; (ii) LHL is authorized to maintain information concerning your Paying Account and to process your payment requests; (iii) you will ensure that the Paying Account information is accurate each time a payment is requested and that there are sufficient funds in the Paying Account to cover such payment request; (iv) any payment requests made may take 3 to 5 business days or longer before the payment is posted to the payee account; (v) you are solely responsible for submitting payment requests far enough in advance to ensure timely payment; and (vi) Provider is not liable for any penalties, overdraft charges, insufficient fund charges, or late payment charges resulting from your failure to maintain sufficient funds to cover such payment requests or delays in processing the payment request.

Transmissions across the Internet can fail for various reasons and without warning. A payment request will not be considered transmitted until you receive an email confirmation of such payment request and/or online payment receipt with a unique tracking number ("Payment Confirmation"). Regardless of whether you receive a Payment Confirmation, your payment request will not be fulfilled if there is an inaccuracy in the Paying Account information provided by you or if there are insufficient funds available in the Paying Account. LHL will not be liable for such payment failures, including any associated fees or charges incurred by you.

The Financial Institution will remain the "originator" of any payment request submitted for purposes of complying with federal and state banking laws, regulations, or rules. Other third parties involved in providing services may not be governed by such laws, regulations, or rules and do not assume the responsibilities of the "originator".

By signing below, I represent that I have read and am authorized to sign/submit this agreement for the listed entity and that all information provided herein is true, complete and accurate. This agreement shall remain in effect until LHL is notified in writing of any desired modifications. Please select one of the payment methods below.

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: _____
Bank Routing Number: _____
Bank Account Number: _____

Checking
 Savings



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 _____