



**\* EZ PAY \* INSTALLMENT AUTHORIZATION FORM  
ACH ONLY**

**PLEASE NOTE:** BY COMPLETING, SIGNING AND SUBMITTING THIS FORM (INCLUDING BY FACSIMILE OR OTHER ELECTRONIC MEANS), YOU ARE ACKNOWLEDGING THAT HENRY SCHEIN IS AUTHORIZED TO DEBIT THE CHECKING ACCOUNT YOU HAVE PROVIDED FOR THE AMOUNT(S) DESIGNATED ON PURCHASES BILLED TO THE HENRY SCHEIN ACCOUNT NUMBER NOTED BELOW.

**CUSTOMER INFORMATION**

NAME OF CUSTOMER:	
NAME OF RESPONSIBLE PARTY ACTING ON AUTHORIZATION:	
HENRY SCHEIN ACCOUNT #:	
CONTACT EMAIL ADDRESS:	CONTACT PHONE #:

**TERMS**

ORDER # OR PURCHASE ORDER # (IF AVAILABLE): \_\_\_\_\_

DEPOSIT:  YES  NO

DEPOSIT AMOUNT: \$ \_\_\_\_\_

TOTAL NUMBER OF MONTHLY PAYMENTS FOR REMAINING BALANCE: \_\_\_\_\_

**ACH / CHECKING ACCOUNT INFORMATION**



NAME ON ACCOUNT:	
BANK NAME:	
BANK ROUTING (ABA) #:	
BANK CHECKING ACCOUNT #:	

**AGREEMENT**

**The terms and conditions, as set forth by Henry Schein, are understood as follows:**

1. It is acknowledged I (we) am (are) authorized to act on the account referenced for the payment instrument above.
2. I hereby authorize Henry Schein and the bank or other financial institution named above, to debit the checking account I have provided above for the amount(s) designated for purchases billed to the Henry Schein account number listed above.
3. In the event my checking account information changes during the course of this arrangement, I/we will provide updated information so as not to interrupt any current or future payments.
4. The initial deposit, if applicable, will be made in conjunction with executing this agreement; with successive payments made as noted.
5. Equal monthly payments will be processed approximately every 30 days or on your statement due date.

**AUTHORIZED SIGNATURE(S)**

SIGN 		SIGN 	
NAME (PRINTED):		NAME (PRINTED):	
TITLE:	DATE:	TITLE:	DATE:

**SPECIAL INSTRUCTIONS ---- APPLICABLE TERMS**

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