

**ACH Request Form**

☐ Initial Application

☐ Bank Account Update

**Pharmacy Information**

Pharmacy Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship Id (Chain Code): \_\_\_\_\_ Central Pay (Y/N if applicable): \_\_\_\_\_

NPI or NCPDP: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Contact Phone Number: \_\_\_\_\_

Billing Contact Email Address: \_\_\_\_\_

**Bank Details**

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Type (Checking or Savings): \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Authority is hereby granted to TrueScripts, to credit the account listed above for payment amounts due to the associated pharmacy/pharmacies listed herein. The Financial Institution listed above is authorized to accept such credits when submitted. The authorization is to remain in full force and effect until TrueScripts has received official notification in writing by an authorized agent of its termination or change. TrueScripts is granted 30 days to make such changes requested.

\_\_\_\_\_  
**Contact Name (Print Name)**

\_\_\_\_\_  
**Authorized Signature on Bank Account**

\_\_\_\_\_  
**Date**

*Note: If there are multiple pharmacy locations, please attach a listing that includes the Pharmacy Name and NPI.  
For an initial application, please forward the Request Form via email to [pharmacysupport@truescripts.com](mailto:pharmacysupport@truescripts.com) along with a copy of the W9.  
For a bank account update, please send the Request Form to [pharmacypayments@truescripts.com](mailto:pharmacypayments@truescripts.com) and include both the W9 and this form.  
If you have any questions, kindly contact the Billing Department at [pharmacypayments@truescripts.com](mailto:pharmacypayments@truescripts.com).*