



Good Day Pharmacy – Payment Options & ACH Authorization

Good Day Pharmacy provides several convenient and secure methods for paying your monthly bill or statement. To support efficiency and minimize processing costs, we encourage the use of ACH AutoPay whenever possible.

1. ACH AutoPay (Preferred Method)

ACH AutoPay is the most cost-effective, secure, and reliable payment option. By enrolling in ACH, you help reduce administrative handling, avoid credit-card processing fees, and ensure timely payment each month.

2. Online Credit Card Payment

Payments may be submitted online at GoodDayPharmacy.com. Please note: All credit-card payments are subject to a 3% processing fee.

3. Mail a Check

Good Day Pharmacy

3780 E. 15th St, Ste 102

Loveland, CO 80538

ACH AutoPay is strongly recommended as the most secure and cost-efficient method for both residents and internal processing systems. To enroll, please complete the attached Authorization Agreement for Electronic Auto-Payments (ACH) and return it with a voided check.



AUTHORIZATION AGREEMENT for ELECTRONIC AUTO-PAYMENTS (via ACH)

I (We) hereby authorize **GOOD DAY PHARMACY** to initiate debit entries to my (our):

Checking Account

Savings Account

(Select one)

indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of EFT (Electronic Funds Transfer) transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK TO IDENTIFY YOUR BANK INFORMATION BELOW

ATTACH VOIDED CHECK HERE:

If check is unavailable, please complete legibly

Financial Institution Name: _____

Routing Number (9 digits): _____

Account Number (include leading zeros): _____

Authorization Terms

This authorization is to remain in full force and effect until **GOOD DAY PHARMACY** has received written notification from me (or either of us) of its termination in such time (at least **five (5) business days**) as to afford GOOD DAY PHARMACY and the Depository a reasonable opportunity to act on it.

Signature: _____

Resident Name: _____

Name(s): _____
(Please Print)

Home Name: _____

Date: _____

To receive email statements, provide E-address: