



Pharmacy Electronic Funds Transfer (EFT) Payment Request Form

Thank you for your interest in receiving remittances via EFT. Please email or fax this completed form to:

Email: eftsupport@usscript.com
Fax: 1 (866)-912-6293

Please check one:		Chain		Independent	
Pharmacy Name					
Pharmacy NCPDP # or Chain Code					
Pharmacy Address					
City			St	Zip Code	
Contact Person					
Contact Phone					
Contact Fax					
Contact Email					
Bank Account Name					
Account Number					
Routing Number					
Bank Name					
Bank City			St	Zip Code	