



*Medication Management Made Easy For Everyone*

**www.RxHomeCare.com 423.790.7336**

P.O. Box 2607  
CLEVELAND, TN 37320  
PH (423) 790-7336  
FAX (423) 790-7338  
JEFF WOLFENDEN, OWNER/PHARMACIST

I, \_\_\_\_\_, give Pharmacy Home Care of East TN authorization to keep my **CHECKING ACCOUNT** information on file and **ELECTRONICALLY DEBIT** prescription co-pays for \_\_\_\_\_ to the **CHECKING ACCOUNT** as needed.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK, IF POSSIBLE.**

\_\_\_\_\_  
BANK ROUTING#

\_\_\_\_\_  
BANK ACCOUNT #

\_\_\_\_\_  
ACCOUNT NAME

\_\_\_\_\_

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address