

New Enrollment

Change in Banking Information

GPS Account # _____

Credit / Debit Card (Select One)

Mastercard Visa Discover Card American Express

Name on Card: _____

Card Number: _____ Exp Date: _____ CSC# _____

(3 digit code on back of card)

Cardholder Signature: _____

Billing Address (for Card): _____

Street/ City/State/ Zip

Chose payment Method, then fill in the appropriate blanks.

ACH Debits

Gulfcoast Pharmaceutical Specialty (GPS) is hereby authorized to Instr _____ k to present automated clearing house (ACH) debits on my account indicated below and the depository named below for payment of settlements due by the client of GPS.

Account Name: _____

Bank Name: _____

Bank Address: _____

City _____

State: _____

Zip: _____

Account Number: _____

Routing Number: _____

Phone Number: _____

Check one box - to chose either Automatic payments or a one time payment. *When choosing one time payment, you must list the amount of payment.

**** To complete ACH Enrollment a Voided check MUST be attached.**

Check box if you would like to set up automatic monthly charges using this card/account.

Check box if you would like make a one time payment using this card/account.

Payment Amount: \$ _____

Sign & Date

Authorized Name: _____

Authorized Signature: _____

Date: _____

This arrangement does not affect our primary obligation for payment. This authorization is to remain in effect until you are notified in writing or we receive written notification from you.

If you prefer to pay by check, Please mail checks to:

GPS Pharmacy
P.O. Box 489
Gonzales, LA 70737



Scan to make online payment

Completed forms can be mailed or Emailed to vmontz@gpspharmacy.com

**PAY YOUR BILL ONLINE AT
WWW.GPSPHARMACY.NET**

Payment link is on the bottom of the Contact Us page

Or Visit

[HTTPS://GPSSPECIALTY.MYPAYSIMPLE.COM/S/PAYMENT-FO](https://gpsspecialty.mypaysimple.com/s/payment-fo)

Scan with smartphone and our online payment form will open to make a payment using youe debit or credit card.