

## Health Merchant Recurring Credit/Debit Commissions Authorization Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize Green Polka Dot Box LLC, or its designated assignee (hereinafter referred to as “GPDB”), to initiate recurring credit and/or debit entries to and/or from my account with the Financial Institution indicated below with regard to commissions, fees, or other charges relating to GPDB services as they become due and payable under the terms and conditions of the Health Merchant Agreement.

Payments in the amount of \$ \_\_\_\_\_ will be withdrawn from my account on the 1<sup>st</sup> of the month. If that day falls on a weekend or bank holiday, the withdrawal shall occur on the next business banking day. The effective date of the first payment is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

This authorization shall remain in effect unless and until GPDB has received written notification that this authorization has been terminated. The undersigned represents and warrants to GPDB that the person executing this Release is an authorized signatory on the Account referenced below and all information regarding the Account and Account Owner is true and correct.

### Funds Settlement Information

Name on Account: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Type of Account:      Checking       Savings

\_\_\_\_\_  
Authorized Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**ATTACH PRE-PRINTED VOIDED CHECK OR BANK LETTER**

Remit via email to: [healthmerchantservices@greenpolkadotbox.com](mailto:healthmerchantservices@greenpolkadotbox.com); or  
remit via fax to: (877) 663-2217.

If you need to notify us of your intent to cancel and/or revoke this authorization,  
you must contact us 60 days prior to the questioned debit being initiated.

Please call (877) 655-2368 or email [healthmerchantservices@greenpolkadotbox.com](mailto:healthmerchantservices@greenpolkadotbox.com),  
Monday thru Friday from 8 AM to 5 PM Mountain Time.