

- **AccuLab of Illinois Terms and Conditions**

Credit Terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

- **Recurring Payment Authorization**

If you are selecting Recurring Payments: You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. I authorize AccuLab to charge my credit card indicated here for full amount on the 10th of each Month for payment of my Lab statement. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AccuLab in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that AccuLab may at its discretion attempt to process the charge again within 30 days and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

- **Direct Payment Authorization via ACH (ACH Debit)**

Direct Payment via ACH is the transfer of funds from an account for the purpose of making a payment. I (we) authorize AccuLab of Illinois to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows: Either a.) Checking Account or b.) Savings Account (whichever is selected on credit application) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law. I (we) understand that this authorization will remain in full force and effect until I (we) notify AccuLab in writing that I (we) wish to revoke this authorization. I (we) understand that AccuLab requires at least 30 days prior notice to cancel this authorization.