

**PST SERVICES INC.**  
PO BOX 742526  
ATLANTA, GA 30374-2526

**INVOICE 7003503241**

Invoice Date	Date Due
10/01/2017	10/31/2017
Customer Number	Amount Due
1171991	66,694.13 USD

**BILL TO:**

Attn: Kurt Hall  
City of Allen  
310 Century Pkwy  
Allen TX 75013

Sales Org/Sales Office/Bill Type: 2030/2030/YBPS  
For billing questions, please contact:

For change of address requests, please email  
PSTBILLING@MCKESSON.COM

Ship-to: City of Allen		PO Number: NO PO PROVIDED				
Location: ALLEN TX 75013		Contract No: C156888397		Service Period: 09/01/17 - 09/30/17		
Ship-to-party: 1171992						
Item No	Material/Description	Quantity	Unit Amount	Net Amount	Tax Amount	Total
Recurring Fees						
000010	74045131 Supplemental Payments	555,784.440	0.12	66,694.13	0.00	66,694.13
	EA					
	Subtotal for City of Allen/ALLEN TX/1171992 :			66,694.13	0.00	66,694.13

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PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

**INVOICE 7003503241**

City of Allen  
310 Century Pkwy  
Allen TX 75013

Subtotal	Tax Total	Amount Due
66,694.13	0.00	66,694.13
Customer Number	Date Due	Currency
1171991	10/31/2017	USD

**REMIT**

PST Services  
PO Box 742526  
ATLANTA, GA 30374-2526  
USA

**AUTHORIZATION FOR PAYMENT BY ACH**

Customer Legal Name: \_\_\_\_\_ Customer DBA Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 McKesson Acct #: \_\_\_\_\_

**ACH Payment Information**

Bank Name: \_\_\_\_\_ Bank Transit ABA#: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_  
 Authorized Contact Name: \_\_\_\_\_ **Statement / Invoice-delivery preference:** Check ONE: ☐ Email ☐ Fax  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Alternate Contact Name/Phone: \_\_\_\_\_

\*\*\*\*\***IMPORTANT:** Please attach a copy of a voided check for the business account to be debited\*\*\*\*\*

Customer authorizes McKesson Corporation, A Delaware Corporation, for itself and as collection agent for any of its affiliates, including but not limited to, PST Services, Inc. and Med3000, Inc. (collectively "**McKesson**"), to initiate ACH withdrawals from Customer's business account indicated above (i.e., debit entries) for amounts owed on invoices that are provided to Customer and Customer hereby authorizes the financial institution named above (the "**Institution**"), to accept the withdrawals. Authority to initiate ACH withdrawals shall remain in full force and effect until McKesson has received written notice from Customer of its termination of such authorization. Customer understands that Customer has the legal right to stop payment of an ACH withdrawal by notification to Institution; provided, prior to such action, Customer shall give McKesson 30 days written notice to permit McKesson to take any necessary actions to avoid disruptions in payments from Customer.

Primary Acct Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Secondary Acct Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Customer agrees to pay for all purchases, services, fees and other charges incurred by Customer, any employee or other agent (whether acting under authority of the Customer or otherwise) on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed or services provided to a third-party agent on behalf of Customer). Customer agrees to follow NACHA rules applicable to ACH transactions. Customer agrees to pay all reasonable attorney fees and expenses or costs incurred by McKesson in enforcing its rights to collect amounts due from Customer. Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders or the providing of any service to Customer if McKesson concludes that (I) there has been a material change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

**AUTHORIZED SIGNATURE** \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

**ACH Authorization:** Please email this form and a copy of the cancelled check to: [BPS-CASH-APPS@mckesson.com](mailto:BPS-CASH-APPS@mckesson.com).

**Note:** The account will be auto-debited at the end of the month.