



1019 Regents Blvd Ste. #101  
P.O. Box 66995  
Tacoma, WA 98464-6995  
253.566.1800 (Telephone)  
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## REQUEST FOR RECURRING PAYMENTS

\_\_\_\_\_  
Date

RE: \_\_\_\_\_  
PSC Acct # Last Name, First Name, Middle Initial

I authorize Puget Sound Collections to charge my bank account (select one):

- ☐ Monthly: \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month  
Amount Day
- ☐ Bi-Monthly: \$ \_\_\_\_\_ on the \_\_\_\_\_ and \_\_\_\_\_ of each month  
Amount Day Day

for the next 12 months or until my account(s) are paid in full.

Enclosed is a voided check; please begin automatic deduction on the

\_\_\_\_\_ of \_\_\_\_\_  
Day Month Year

I may cancel this at any time in writing within 5 days of the next scheduled payment.

I am aware that if a check is dishonored by non-acceptance or non-payment, \$25 will be assessed for returned check fees.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Account Holder Signature

This is an attempt to collect a debt. Any information obtained will be used for that purpose.