

Recurring Payment Authorization Form

Please complete the sections below to set up recurring payments, incomplete forms will not be accepted.

Section 1: PSC Account Information

PSC Account # _____ Today's Date: _____

Account Name: _____ Phone # _____

Mailing Address: _____ City / State / ZIP: _____

Section 2: Recurring Payment Schedule

Begin recurring payments on _____ for the following terms:
(Date)

Duration of Payments (select one):	Occurrence of Payments:
<input type="checkbox"/> Until account(s) are paid in full <input type="checkbox"/> End payments on _____ (Date)	Process payment amount of \$ _____ on the _____ of every month (Select a day)

Section 3: Recurring Payment Source (complete one)

Checking Account
<p><i>*Please attach a voided check to this form</i></p> <p>Name on Acct _____</p> <p>2nd Name on Acct _____</p> <p>Bank Name _____</p> <p>Account # _____</p> <p>Bank Routing # _____</p> <p>Bank City/State _____</p>

Credit / Debit Card
<p><input type="checkbox"/> Credit <input type="checkbox"/> Debit</p> <p>Circle One: Visa / MasterCard / Discover / Amex</p> <p>Cardholder Name _____</p> <p>Card # _____</p> <p>Exp. Date _____</p> <p>Security Code _____</p> <p>Billing Address _____</p> <p>Billing ZIP _____</p>

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

I understand that this authorization will remain in effect until the terms of the authorization are met or I cancel this authorization in writing. I agree to notify Puget Sound Collections in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next payment date. I understand that Puget Sound Collections reserves the right to rescind acceptance of recurring payments for any reason, including but not limited to default of the terms set forth in this authorization. I am aware that if a check is dishonored by non-acceptance or non-payment, \$25.00 will be assessed to my account for returned check fees. 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.

I authorize Puget Sound Collections to charge the above account or card according to the terms of this authorization.

PRINTED NAME _____ SIGNATURE _____