

Allied Collection Service, Inc.  
1607 Central Avenue  
Columbus, IN 47201  
(812) 372-0263 or (800) 310-3349 toll free

## ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit." Prior notification will be sent to the mailing address or e-mail address provided as a reminder of this debit if the transaction is dated more than three days from today's date.

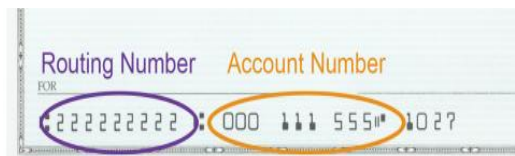
***E-mail reminders will be forwarded to you through our QwikSolve portal.***

I, \_\_\_\_\_ authorize Allied Collection Service, Inc. to charge my bank  
(full name)  
account indicated below with the first payment on \_\_\_\_\_ and each subsequent payment on  
(start date)  
the \_\_\_\_\_ of each \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for payment of my account.  
(day or date) (pay amount)

### Please complete the information below:

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  
Name(s) on Acct \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank City/State \_\_\_\_\_



### **ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Allied Collection Service, Inc. in writing of any changes in my account information or termination of this authorization **at least 10 days prior** to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Allied Collection Service, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

This communication from a debt collector is an attempt to collect a debt and any information obtained will be used for that purpose. Allied Collection Service, Inc. is a licensed debt collection agency.