AUTO-PAY AGREEMENT

This agreement is for the convenience of the debtor and may be canceled by the debtor or Revenue Recovery at any time. Upon signature of the payer, Revenue Recovery will process credit card/ E-check payments as agreed to below. Photocopies of the credit card (front and back), voided check if E-Check, and the identification card of the cardholder are required. Changing the credit card or bank account number requires new photocopies. If the debtor adds new accounts, these accounts will be added to this agreement after review of the payment plan. If the payment date falls on a weekend or a holiday, the payment shall be processed on the next business day UNLESS the next business day is in a new month, then it will be processed on the last business day of the month. If the balance is less than the payment amount, the balance shall be charged to the card. The information below will not be shared or used by anyone outside of Revenue Recovery.

Debtor name: _____ Account #: _____

Amount to charge each payment: _____

Payment style (please circle one): monthly weekly bi-weekly other: _____

Payment type (please circle one): Credit Card E-Check

First payment date: _____/_____/_____
Month Day Year

FOR CREDIT CARDS

Credit Card number: _____

Expiration date: _____/_____ 3 digit security code (back of card) #: _____
mm yy

Name on Credit Card: _____ Phone #: _____

BANK ACCOUNT FOR E-CHECK

Bank Routing number: _____ Checking account #: _____

Billing address: _____
Number and Street Name (or P O Box)

_____
City State Zip

Email (required for E-Check): _____

Payer's signature: _____ Date: _____