



NAME:

ADDRESS:

RECURRING PAYMENT AUTHORIZATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT/DEBIT CARD TYPE: \_\_\_\_\_

CREDIT /DEBIT CARD NUMBER: XXXX – XXXX – XXXX – \_\_\_\_\_

EXPIRATION DATE: (mm/yr.) \_\_\_\_ / \_\_\_\_

CVV: \_\_\_\_ (last three digits on the signature panel MC/VISA)

RECURRING AMOUNT: \$ \_\_\_\_\_

I AUTHORIZE INTEGRAL RECOVERIES INC. TO CHARGE MY VISA/MASTERCARD STARTING ON \_\_\_\_\_ AND ON THE \_\_\_\_ OF EVERY MONTH FOR THE AMOUNT OF \$ \_\_\_\_\_. I ALSO AUTHORIZED THIS TRANSACTION BY PHONE ON \_\_\_\_\_.

BY SIGNING BELOW, I AFFIRM THAT I AM AN AUTHORIZED USER ON THE ABOVE IDENTIFIED CARD; MY SIGNATURE FURTHER AUTHORIZES INTEGRAL RECOVERIES INC. TO PERFORM THE SCHEDULED OR PERIODIC ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT WHEN THE PAYMENTS ARE DUE, AS IDENTIFIED ABOVE. I UNDERSTAND THE AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL I NOTIFY INTEGRAL RECOVERIES INC. IN WRITING BY MAIL TO PO BOX 1388, ENGLEWOOD, CO 80150 THAT I WISH TO REVOKE THIS AUTHORIZATION. I UNDERSTAND THAT INTEGRAL RECOVERIES INC. REQUIRES AT LEAST THREE (3) DAYS PRIOR NOTICE IN ORDER TO CANCEL THIS AUTHORIZATION.

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.

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

WE ARE A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT, ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.