

FarMar Law Group, PC

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ACH Recurring Payment Authorization Form

This communication is from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose. The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. they may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or www.ftc.gov.

Schedule your payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started! Remember to complete both forms and keep one for your records.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always timely received (even if you're out of town)
- You can stop payments by notifying us three business days before your next scheduled debit

Please complete the information below: (*Required Fields)

I _____ authorize the FarMar Law Group, PC to automatically debit my bank
*Name
 account identified below. I authorize debits in the amount of \$ _____ on the _____ day of each month
*Pymt Amount *Day (2nd, 15th, etc.)
 beginning _____, for a total of _____ months.
*1st Pymt Date *No. of Pymts

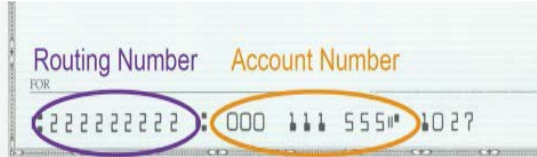
Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

*Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
*Name on Acct	_____	
*Bank Name	_____	
*Account Number	_____	
*Bank Routing No.	_____	



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 5551027' circled in orange.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **FarMar Law Group, PC** in writing of any changes in my account information or termination of this authorization at least 3 business days prior to the next debit date. If the above noted 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 these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. 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 these scheduled payments with my bank so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____