

RATCHFORD LAW GROUP, P.C.
(800) 503-1665 - Fax (570)558-5511
Recurring Payment Authorization Form

This firm does not request or demand post-dated payments. Our firm offers this service to consumers who prefer to schedule recurring deductions from a checking/savings account or debit card. If you choose for us to establish recurring payments for you, please complete and return this form to: **RLG, 54 Glenmaura National Blvd., Ste 104, Moosic, PA 18507**

Here's How Recurring Payments Work: You authorize Ratchford Law Group, P.C., or its designated processor, to initiate regularly scheduled charges to your checking/savings account or debit card. You'll be charged the amount you indicate below at each designated installment. Each payment will be applied to your account with Ratchford Law Group which is identified as File Number _____. You'll be sent a notification 5-10 days prior to the automatic payment at the address you elect below. By including an email address, you provide explicit consent to email communications to you from this firm and may cancel such consent at any time.

Please fully complete the information below:

I _____ (your name) authorize Ratchford Law Group, or its designated processor, to charge my bank account indicated below \$ _____ (payment amount) beginning _____ (payment start date) followed by:

- Weekly on each _____ day of the week (i.e. Monday)
- Bi-weekly every other _____ day of the week (i.e. Monday)
- Monthly (date, e.g. 1st, 15th) on the _____ day of each month

Checking/ Savings Account

<input type="checkbox"/> Checking*	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____

Routing Number Account Number

⑆ 222222222 ⑆ 000 111 555* 1027

***OR ATTACH A VOIDED CHECK**

Debit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV (3 digit number on back of card)	_____

SIGNATURE _____ DATE _____ EMAIL: _____

ADDRESS _____ PHONE NUMBER _____

I understand that by signing this authorization, I permit Ratchford Law Group ("RLG") to initiate payments from my account in the amounts and dates specified. I understand I am not required to authorize any payments of this type. I acknowledge that RLG has not requested or demanded I authorize payments of this type and I have been informed of RLG's alternate payment methods. I agree this authorization will remain in effect until RLG has received notification from me by mail, fax or verbal notice of its termination, I agree to notify RLG of any changes in my account information or termination of this authorization at least 2 business days prior to the next pay date. If a payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For debits to my checking/savings account, 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. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that my bank may charge me a fee and RLG has no liability for any such fee. I certify that I am an authorized user of this account and will not dispute these scheduled transactions with my bank or debit card company; so long as the transactions correspond to the terms indicated in this authorization form.

This is a communication from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.