



RECURRING CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

If you would like the convenience of automatic recurring payments, simply print this form, complete all sections and sign where indicated below. All information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total monthly charges will appear on your monthly credit card statement.

Please complete all entries. WE CANNOT PROCESS INCOMPLETE FORMS. Make corrections as needed. Return this form by email to accounts@crmcollect.com or by Fax (516-430-5015) or regular mail.

Please print all entries in CAPITAL LETTERS

NAME ADDRESS

CRM ACCOUNT # CREDITOR NAME

PAYMENT INFORMATION

I authorize Capital Resource Management, Inc. to automatically bill the card listed below as specified:

Starting On*: / / and on the Day(s) of each month*
* CARD WILL BE CHARGED ON OR AFTER THIS DATE.

following through / / Check box for continues until Paid in Full.

Recurring Charge Amount: \$

CREDIT CARD INFORMATION Please print all entries in LARGE CAPITAL LETTERS

Card Type (circle one): MasterCard Visa Discover Check box if business/commercial card

Cardholder Name: Cardholder Billing Zip Code:
(Exactly as printed on card)

Cardholder Billing Address: Street City State Phone:

Card Number: Expires: / CCV Code:

I affirm I am the authorized user of this credit or debit card and that I will not decline or chargeback any of these payments with my credit card company or financial institution, so long as the transactions correspond to the terms specified herein. I understand and agree these payments are a FINAL SALE and are NON-REFUNDABLE.

Signature of Card Holder Card Holder's Name Printed Date

If you would like payment reminders sent to your email, enter your email address and sign the below affirmation: I affirm that I am voluntarily providing the electronic email account entered below and this email account is neither furnished, nor is owned, by my employer. I consent to receive electronic mail correspondence from Capital Resource Management, Inc. in reference to the debt(s) about which they contacted me.

Email Address: Signature:
(PLEASE PRINT IN ALL CAPS)