

Account #



Employee Initials/Date &  
Time Call Received

### ACH PAYMENT AUTHORIZATION

I authorize Cold Case Recovery to charge my CHECKING / SAVINGS account (circle one) listed below:

Name appearing on account \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address on Account (include zip) \_\_\_\_\_

Amount of transaction: \$ \_\_\_\_\_

Account Number Paid: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTOMATIC ACH PAYMENT AUTHORIZATION FORM

I want the convenience of automatic billing. I authorize you to bill directly to the CHECKING / SAVINGS Account

If your payment is for the same amount each (BI-WEEKLY/MONTH), check here and fill in transaction amount:

Charge my account a (BI-WEEKLY / MONTHLY) charge of \$\_\_\_\_\_ to the above account.

Please indicate how long you wish to automatically bill your account:

This authorization is valid from \_\_\_\_/\_\_\_\_/\_\_\_\_ till \_\_\_\_/\_\_\_\_/\_\_\_\_.

This authorization is valid until I provide you with written cancellation.

This authorization is valid for \_\_\_\_\_ amount of payments totaling \$\_\_\_\_\_

This authorization is valid until the account is paid in full.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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