

## REQUEST FOR RECURRING PAYMENTS

Date

RE:		
-	PSC Acct #	Last Name, First Name, Middle Initial

I authorize Puget Sound Collections to charge my bank account (select one):

- Monthly: \$\_\_\_\_\_\_ on the \_\_\_\_\_\_ of each month
  Amount
  Day
- Bi-Monthly: \$\_\_\_\_\_ on the \_\_\_\_\_ and \_\_\_\_\_ of each month
  Amount Day Day

for the next 12 months or until my account(s) are paid in full.

Enclosed is a voided check; please begin automatic deduction on the

	of	
Day	Month	Year

I may cancel this at any time in writing within 5 days of the next scheduled payment.

I am aware that if a check is dishonored by non-acceptance or non-payment, \$25 will be assessed for returned check fees.

Account Holder Signature

Account Holder Signature

This is an attempt to collect a debt. Any information obtained will be used for that purpose.