

Dear Customer,

In the interest of better customer service and because we have had numerous requests, we are offering a new Automatic Payment program. Electronic payments are becoming very popular everywhere. We feel it will be a great, no extra cost, convenience to our customers. Simply put, this will give your bank permission to pay our bank every month without you having to worry about writing and mailing checks or late fees.

Sincerely,
The Management

DEBIT / CREDIT CARD AUTHORIZATION FORM

I hereby authorize Durango Credit and Collection Co., Inc., to process my debit/credit card for a monthly amount as specified below to their bank. I understand this amount will show up on my bank statement for the purposes of payment and amount verification.

Name printed on card: _____

Billing address: _____

City: _____ Phone #: _(____)_____

Bank Name: _____

Card Type: Mastercard [] Visa []

Card #: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code: _____

Visa and Mastercard Users

Flip your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your Credit Card Security Code.

Please deduct payment amount of: \$_____.

[] 1 time a month on the _____ of each month, beginning with the month of _____, 20 ____ (For no more than 12 months)

[] 2 times a month on the _____ and _____ of each month, beginning with the month of _____, 20 ____ (For no more than 12 months)

I understand this authority is to remain in full force and effect until Durango Credit and Collection Co., Inc. has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the debit entry (deduction) by written notification delivered to Durango Credit and Collection Co., Inc., ten (10) business days or more before the payment is scheduled to be made.

Signature: _____ Date: _____, 20 ____.

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

OFFICE USE ONLY

Account #: _____

Balance: \$ _____

Adjuster #: _____