

(For Bank Debits- See other side!)

CREDIT CARD PAYMENT AUTHORIZATION

Please mail or email the completed form to us.

Please Charge my: **Visa** ___ **MasterCard** ___ The Following One Time Amount: \$ _____ to pay in full.

-Or-

The Following Amount \$ _____ **MONTHLY/BIWEEKLY/WEEKLY** (circle one) until debt is paid in full starting ___/___/___ and on the same day of each month/week thereafter etc.

Weekly payments: EVERY:

Monday, Tuesday, Wednesday, Thursday, Friday, Saturday (please CIRCLE ONE!)

Account Holder Name: _____

Account Holder Address: _____

Credit/Debit Card Number: _____

Authorization Code Number: _____ (Card Identification Data)
(3 Digit number on the back of card)

Expiration Date: (MM /YY) ___/___

Signature: _____ (sign here)

Date Signed/Authorized: ___/___/___

Your Telephone No.: _____ **Email Address :** _____ (in case of questions)

Is this a **HEALTH SAVINGS ACCOUNT (HSA)** card? ___ Yes ___ No

****Please note: HSA Cards will require additional processing time and will be charged directly by the medical provider****

Please identify who is owed the money (creditor) and who is the person(s) owing the money (debtor)

Creditor: _____

Debtor(s): _____ **PHM File No.** _____

THIS IS A COMMUNICATION FROM A DEBT COLLECTOR AND THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

LAW OFFICES OF PHILIP H. MONAGAN
61 Holmes Avenue P.O. Box 2390 Waterbury, Connecticut 06722
Phone: (203)753-3374 Fax: (203) 575-1364
Email: payments@monaganlaw.com

(For Credit Card Charges- See other side!)

**AUTHORIZATION FOR DIRECT BANK DEBITS
(ACH PAYMENTS)**

I authorize The Law Offices of Philip H. Monagan to debit my Checking Account/or Savings Account at the financial institution named below ("my bank") as follows:

Bank Name: _____

Routing Number: _____

Account Number: _____

*OR attach voided check if funds are to be removed from your checking account.

To pay in FULL one time Debit of \$ _____ on ____/____/____

Please CIRCLE type of account: **CHECKING?** or **SAVINGS?**

This authorization will remain in effect until the debt is paid in full or we receive written notice of termination in enough reasonable time to allow us and your bank to act on it (at least three (3) business days prior to effective date.) I waive any right to prior notice of each debit.

Account Holder Name(s): (Please Print) _____

Your Phone Number _____

Your Email Address : _____ (in case of questions)

PHM File No. _____

Creditor: _____ Please identify who is owed the money (Creditor)

Debtor(s): _____ Please identify the person(s) owing the money (Debtor)

THE FOLLOWING PAYMENT SCHEDULES ARE OFFERED WITH THIS PAYMENT METHOD

CIRCLE YOUR CHOICE:

1. **MONTHLY** payments of \$ _____ debited **EITHER** on the 1st or 15th **ONLY (CIRCLE 1st or 15th!)**
2. **BIWEEKLY** payments of \$ _____ debited **ONLY** on the 1st AND 15th of each month
3. **WEEKLY** payments of \$ _____ debited **ONLY** every Friday

Please BEGIN FIRST payment (START DATE) on ____/____/____ of \$ _____.

*****START DATE must be either a 1st a 15th or a Friday.*****

If any payment date falls on a legal holiday or non-business day, payment will be debited the next business day. You must maintain a sufficient balance in your account to cover the payment.

If you wish to set up a different payment schedule please contact your bank, which may be able to offer you different payment dates through their electronic banking platform.

THIS IS A COMMUNICATION FROM A DEBT COLLECTOR AND THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Date: _____ Signature: _____ (SIGN HERE)

61 Holmes Avenue P.O. Box 2390 Waterbury, Connecticut 06722
Phone: (203)753-3374 Fax: (203) 575-1364
Email: payments@monaganlaw.com