

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

SECTION I. INSTRUCTIONS

This form must be completed in full and returned to Stenger & Stenger via fax, mail or email before recurring EFT payments can be processed.

SECTION II. CONSUMER INFORMATION REGARDING FILE NUMBER _____.
ALL ITEMS MUST BE COMPLETED.

A. Name:	B. Social Security Number: xxx-xx-_____
C. Complete Mailing Address:	D. Home Phone:(_____)_____ E. Cell Phone:(_____)_____ F. Work Phone:(_____)_____

SECTION III. BANK INFORMATION
ALL ITEMS MUST BE COMPLETED.

A. Bank Name:		
B. Name on Debit Card:	C. Debit Card Number:	D. Expiration Date:
E. Amount to be deducted: \$ _____	F. Frequency: _____ G. Start Date: _____ (NOTE: If the date indicated above falls on a weekend or a holiday when this office is closed, your account will be debited the next business day.)	

SECTION IV. AUTHORIZATION

<p>Please read the following Authorization Agreement carefully:</p> <p>I hereby authorize Stenger & Stenger PC to initiate multiple debit entries to the financial institution account indicated above as set forth herein until the balance on the account is paid in full or until you notify us in writing that such debits should be discontinued. By signing this document I verify that I am the owner of, or a signor with authorization to use, the account to be debited. Our client reserves the right to cancel or change this payment arrangement. This payment arrangement does not preclude our client from exercising additional collection remedies. In addition I understand that this is a courtesy provided to me and that it is my responsibility to confirm that the payment is made as agreed upon.</p>	
Signature:	Date:

Fax the completed form to: 877-451-7689; or scan and email to: documents@stengerlaw.com; or

Mail to: Stenger & Stenger PC
2618 East Paris Ave, SE
Grand Rapids, MI 49546