

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

SECTION I. INSTRUCTIONS

This form must be completed in full and returned to Stenger & Stenger, P.C. 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

Please read the following Authorization Agreement carefully:

I hereby authorize Stenger & Stenger, P.C. to initiate multiple debit entries to the financial institution account indicated above and set forth herein until the balance on the account is paid in full or until I notify Stenger & Stenger, P.C. orally or in writing at least three (3) business days prior to the scheduled payment date that such debit entries should be discontinued. By signing below, I certify that I am the owner of, or a signatory with authorization to use, the account to be debited. I understand that this payment arrangement may be canceled if payment is not made as agreed upon. This 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 payment is made as agreed upon.

Signature: _____	Date: _____
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Fax the completed form to: 877-451-7689; or scan and email to: eft@stengerlaw.com; or

**Mail to: Stenger & Stenger, P.C.
2618 East Paris Avenue SE
Grand Rapids, MI 49546**