



Darnel Quick Recovery, Inc.

AutoDraft Consent Form

Save a stamp. Hold onto your checks. Take the hassle out of it all. We offer an easier way to pay. With our **AutoDraft** feature, your account payment is automatically deducted from your bank account or debit/credit card each month. Consider the following:

- **AutoDraft** works in cooperation with your bank or debit/credit card. Just complete the authorization form below and your monthly bill will be automatically paid.
 - For bank checking account drafts: include a voided check from your Checking Account or a deposit slip from your Savings Account
 - For debit/credit cards: include your debit/credit card number, expiration date, CVV2 code
- Your regular monthly payment will be deducted from your bank/debit/credit account and applied as of the assigned due date each month.
- **AutoDraft** is the most convenient way to make your account payment. You will save time and money, as well as eliminate the hassle of writing checks.
- If you decide to cancel the service later, just contact us, and we will take care of the rest. Please allow thirty (30) days to resume normal billing.
- If you have more than one account, just include the account numbers you wish to place on automatic payment.

IMPORTANT

1. Fill out the application completely. You can find your account number on any letter we've sent you in the past or on a receipt we've printed you. If multiple accounts are to be included, please enter each complete account number. Sign the application.
2. If you are using a Checking account, write "VOID" across the face of a single BLANK check. **Only bank accounts based in the United States can be serviced. Bank routing numbers must begin with 0, 1, 2 or 3.** You must be an authorized signer on the account, or the account must be in your name.
3. Enclose the completed application and the voided check in an envelope addressed to the address below.
4. You must make your regular payments until the date upon which your automatic payments begin. Please allow 5 to 7 days for your request to be processed. We are not responsible for lost or delayed mail.
5. **Please be aware that for debit/credit card transactions there is a \$5 convenience fee for each transaction.**

====Form Begins On Next Page====

*****MAIL THIS PORTION WITH "VOID" CHECK or DEBIT/CREDIT ACCOUNT INFO TO THE ADDRESS BELOW*****
Return Application To: Darnel Quick Recovery, Inc. PO Box 2416 Covington, GA 30015

I (responsible party), _____, hereby authorize Darnel Quick Recovery, Inc. to automatically debit my

Personal Account
<input type="checkbox"/> bank checking account
<input type="checkbox"/> debit/credit card

Frequency
<input type="checkbox"/> weekly
<input type="checkbox"/> 2 weeks
<input type="checkbox"/> monthly

Amount
<input type="checkbox"/> \$50 ***Minimum Amount***
<input type="checkbox"/> \$75
<input type="checkbox"/> \$100
<input type="checkbox"/> Agreed arrangement with DQR rep.
<input type="checkbox"/> Other _____

I would like automatic payments to begin on this date: ____/____/____ (mm/dd/yyyy)

I understand that each automatic withdrawal will occur from the personal account, with the frequency, for the amount and on the date I specified above. I further understand that the total amount of the monthly automatic debit may change based on the agreed upon account payment plan amount or if I request a different payment plan.

I will continue to make regular payments until the date upon which my automatic payments begin.

I understand that my request for **AutoDraft** may be denied for any reason. If my request is approved, I reserve the right to discontinue my participation in the **AutoDraft** program at any time and agree to notify Darnel Quick Recovery, Inc. in writing or by telephone at least 30 days prior to the date on which I want monthly withdrawals to cease.

Account Number(s):
1.
2.
3.
4.

Name:
Address:
City, State Zip:
Contact Phone: () -
Email Address:

More accounts? List them on the back of this form.

X

**Staple Voided Check Here
If You Are Using The Check Feature**

NOTICE: There is a \$30.00 NSF fee for all returned checks.

Cardholder Name:	   
Card Number:	
Exp. Date:	
3-Digit Security Code (optional):	

Responsible Party Signature

____/____/____
Date

*By signing this form with the submission of your contact information you give your consent to allow Darnel Quick Recovery to contact you regarding the resolution of this particular account or any remaining account(s) you may have with us, whether active or closed via automated phone dialer, account representative, postal mail, or electronic mail. This information includes your cell phone, home phone, billing address, mailing address, email and any other contact information you provide. This is considered voluntary information given to us on your part that will be used for the purpose of debt collection. Be advised that if you provide a work email address the automated receipt and/or attempt to contact will be sent to this address and could possibly be visible to the Owner/Manager/Supervisor/I.T. Administrator whom manages the email accounts at your place of employment. We strongly suggest providing a personal email address for this reason. **This communication is from a debt collector is an attempt to collect a debt. Any information obtained will be used for that purpose.**