

AUTHORIZATION FOR RECURRING POST-DATED CHECK/EFT OR DEBIT/CREDIT CARD PAYMENTS

Please complete the following information and email it to info@pifaz.com or mail it to Paid In Full, Inc. at PO Box 43228; Phoenix, AZ 85080.

_____ PIF File # (required) *This a 4-6 digit number found in the box of the letters we send.
Call us at 623-299-9520 if you do not know your PIF File #.*

_____ First Name (required) _____ Last Name (required)

_____ Year of Birth (required) _____ Last 2 of SSN (required)

(____) _____ Main Phone Number (required) (____) _____ Work Phone Number

(____) _____ Mobile/Cellular Phone Number (____) _____ Alt Phone Number

_____ Email Address

_____ Name of PIF Client (your creditor)

This Authorization gives Paid In Full, Inc. ("PIF"), its payment processor and/or agent's authorization to automatically process payments as indicated below until your indebtedness to the PIF Client named above is entirely paid, including interest and/or other permitted charges. Information from your check can be used to make an electronic fund transfer (EFT) from your account or to process the payment as a pre-authorized demand draft (PADD).

PAYMENT SCHEDULE: \$ _____ weekly bi-weekly monthly (check one), beginning on ____/____/____ until the balance is paid in full according to the terms of the arranged payment plan. **This Payment Schedule is valid only when the Authorization is agreed to and signed by an authorized representative of Paid In Full, Inc. ("PIF").**

ACCOUNT HOLDER INFORMATION:

_____ Name of Account Holder (This is you.)

_____ Address of Account Holder

_____ City, State and Zip Code of Account Holder

CHECK/EFT ACCOUNT INFORMATION: . Information from your check can be used to make an electronic fund transfer (EFT) from your account or to process the payment as a pre-authorized demand draft (PADD). If these regular payments vary in amount, PIF will tell me, 10 days before each payment, when it will be made and how much it will be.

_____ Name of Bank

_____ Account Number

_____ Routing/ABA Number (This is a 9 digit number found to the left of your
account number on the bottom of your check.)

DEBIT or CREDIT CARD ACCOUNT INFORMATION: - VISA OR MASTERCARD ONLY

____ Debit ____ Credit (Must Check One)

_____ Card Number _____ / _____ Expiration

IMPORTANT NOTICE: In the event your check is returned by your bank, you will be charged a \$25.00 returned check fee plus actual charges assessed by our bank pursuant to Arizona Revised Statutes §44-6852.

CONSENT: You are consenting to receive electronic communications from Paid In Full, Inc. (PIF) and its agents. These communications may include emailed attachments. You further give your consent for PIF to contact you via phone, email or chat for any other reason pertaining to PIF's attempt to collect a debt. You understand these communications and any attachments thereto may be viewed by third parties and are not secure. PIF and its agents assume no liability for any communications received and/or viewed by any third party. You also understand and acknowledge that communications to or from PIF or its agents may be accessed by others with access to your electronic device, email account or phone number by utilizing an employer owned or shared device or providing an employer or shared email account or phone number. You consent to us, our agents and clients to use any and all information, including cellular telephone numbers and email addresses, for the purpose of contacting you regarding this and any subsequent debt placed by any client. You consent to being contacted by PIF, our clients and agents at any current or future telephone numbers you provide to PIF or that PIF obtains from any and all other sources, including wireless telephone numbers or devices. You understand that this contact may result in charges to you and include the use of text messages, automated dialing machines or other telephone technology, including the use of live, pre-recorded, or artificial voice messages.

WITHDRAWING CHECK/EFT or DEBIT/CREDIT CARD CONSENT: I may revoke this Payment Authorization by calling PIF at 623-299-9520 or 800-385-1605, or by writing to PIF at PO Box 43228; Phoenix, AZ 85080, in time for PIF to receive my request 3 business days or more before the payment is scheduled to be made. If I call, PIF may also require me to put my request in writing and get it to PIF within 14 days after I call. If these regular payments vary in amount, PIF will tell me, 10 days before each payment, when it will be made and how much it will be.

WITHDRAWING EMAIL, MOBILE/CELLULAR TELEPHONE & MESSAGE CONSENT: You may withdraw your consent to our contacting you by email, telephone number or mail by sending a written request to Paid In Full, Inc. specifying which form of communication you no longer wish for us to utilize when contacting you. Your written request must be sent in writing to PO Box 43228; Phoenix, AZ 85080. PIF will consider your consent withdrawn five (5) business days after receiving the written request.

My signature below confirms my acceptance of the above information as a result of my request for an automated payment plan. I further acknowledge that I have been provided with a copy of this Authorization Form for my records.

SIGNATURE OF PARTY GIVING AUTHORIZATION (*this is you*)

DATE

PRINTED NAME OF PARTY GIVING AUTHORIZATION (*this is you*)

SIGNATURE OF AUTHORIZED PAID IN FULL, INC. ("PIF") REPRESENTATIVE

DATE

NAME OF AUTHORIZED PAID IN FULL, INC. ("PIF") REPRESENTATIVE

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