

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_ - \_\_\_ - \_\_\_\_ Work: \_\_\_ - \_\_\_ - \_\_\_\_

Account Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

As a convenience to me and in order to assist me in paying off my account, I hereby authorize Donna A. Daniels Law Offices, P.C. to withdraw funds from my checking account according to the schedule outlined below. **I UNDERSTAND THAT YOU ARE DEBT COLLECTORS, AND THAT THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.** I have attached a blank check marked "VOID" for the account to be debited.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Payment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment Frequency:

- One Time Only
- Weekly\*
- Every Two Weeks\*
- Monthly\* (Payment date must be on or before the 28<sup>th</sup> of the month for monthly option.)

\*I understand that recurring payments will be taken until my account is paid in full.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

MAIL OR FAX TO:

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BILLERICA, MA 01821

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