

PAYMENT AUTHORIZATION FORM & TERM SERVICE



YALE FINANCIAL SERVICES, INC.

2821 Brown Trail. Bedford, TX 76021

File # _____

Date _____

Collector _____

Closer _____

CLIENT _____

Debtors Information/Account Information

Debit Card: _____ Pre-Paid Debit: _____ Checking Account: _____

Debtor Name: _____

Name (as it appears on card): _____

Card #: _____ Exp: _____ Sec Code: _____

Bank Name: _____ Routing #: _____ Account #: _____

Home #: _____ Cell: _____ Alt: _____

POE _____ Phone _____ Job Title _____

Pay Periods _____ Pay Day _____ ***SOURCE OF FUNDS** _____

Payment Arrangement

1. Date _____ Amount _____ 6.) Date _____ Amount _____

2. Date _____ Amount _____ 7.) Date _____ Amount _____

3. Date _____ Amount _____ 8.) Date _____ Amount _____

4. Date _____ Amount _____ 9.) Date _____ Amount _____

5. Date _____ Amount _____ 10.) Date _____ Amount _____

Customer Signature: X _____ Date: _____

As per your agreement with our office, all payment(s) will be made on the dates provided. On your bank or card statement, all payments will be payable to **Yale Financial Services, Inc.** If there are any issues or differences from our original contract, please notify our office immediately. If any payments are in error, please contact our office immediately and a refund can be issued within 3-5 business days. Any cancellation or changes to a payment, you must contact our office to get approval of this adjustment.

NOTICE: This communication is from a debt collector. This may be an attempt to collect a debt. Any information obtained will be used for that purpose. This message, and any attachment(s), contains CONFIDENTIAL information. This communication is intended to be for the sole use of the individual(s) or entity(ies) named on this form.

Web: www.yalefinancialservices-inc.com

Phone: 972-200-4429 / Fax: 682-503-6768