VELO LAW OFFICE

RECURRING BILLING AUTHORIZATION

Completion of this form authorizes Velo Law Office to automatically withdraw payments from your bank account on a recurring basis.

ACCOUNT INFORMATION

Account Number:

Routing Number:

Bank/Credit Union Name:

Account Holder's Name:

Account Type: ☐ Checking ☐ Savings

Account Holder's Address:

Account Holder's City, State, Zip:

PAYMENT INFORMATION

Payment Amount: $_____.00

Payment Frequency: (select only one) ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Starting Date: (Allow 14 days for first payment) (select only one) ☐1st ☐5th ☐10th ☐15th ☐20th ☐25th

Staring Month: (select only one) ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

EMAIL & TELEPHONE AUTHORIZATION

This Authorizes Velo Law Office to Email And Place Telephone Calls Regarding Your Payments **ONLY**.
*(Emails and/or Telephone Numbers will **NOT** be sold to any third parties)*

EMAIL ADDRESS(S)	TELEPHONE NUMBER(S)
Email (1):	Phone (1):
Email (2):	Phone (2):

AUTHORIZATION

I hereby authorize Velo Law Office to charge the above indicated bank account for any and all claims turned over to their office for collections. I agree that this is a periodic charge that will be made according to the billing cycle listed above, and that to terminate the recurring billing process I must notify Velo Law Office **in writing at least 10 days prior** to the next payment date. I will not dispute Velo Law Office recurring billing with my financial institute so long as the amount in question was billed accordingly and processed prior to my canceling this agreement. I agree that I will not dispute any charges from Velo Law Office unless I have already attempted to rectify the situation directly with Velo Law Office and those attempts have failed. I guarantee I am legally authorized to enter into this recurring billing agreement. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. I understand that the recurring payments shall continue until all accounts held with Velo Law Office are paid in full, and that my final payment may be lowered to equal the same as the final amount due. **I hereby authorize** Velo Law Office to email personal and private information to the email address(s) listed above. I do also recognize that should a third party have access to the above listed email address account, said third party would be able to view and read the potentially personal and private information contained in such correspondence. **I hereby authorize** Velo Law Office to place telephone calls, using automated dialing systems, to and leave messages possibly containing personal and private information to the telephone number(s) listed above. I do also recognize that should a third party have access to the above listed telephone number(s), said third party would be able listen to the potentially personal and private information contained in such correspondence.

Account Holder Signature:

Date:

Velo Account Number:

PLEASE BE ADVISED THAT THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WOULD BE USED FOR THAT PURPOSE.
ALL CALLS WITH VELO LAW MAY BE RECORDED AND MONITORED.

When Completed, Return To:

VELO LAW OFFICE
1750 LEONARD STREET NE
GRAND RAPIDS MI 49505