

PAYMENT AUTHORIZATION

To sign up for automated payments, complete this form and return within five (5) business days. You may select one of the following options: Checking Account, Savings Account, Debit Card, or Credit Card. Please complete both copies of the Payment Authorization form, return a copy to General Revenue Corporation at the address below, and keep one copy for your records.

General Revenue Corporation
325 Daniel Zenker Drive
Horseheads, NY 14845

This is an attempt, by a debt collector, to collect a debt and any information obtained will be used for that purpose.

Name _____

Address _____

City _____ State _____ Zip _____

GRC Account Number _____

Bank Account Information:

Bank Name _____

Bank City/State _____

ABA Bank Routing Number _____ Bank Account Number _____

Account Type () Checking () Savings Payment Amount _____

First Payment Date _____ Frequency of Payments _____

Debit/Credit Card Information:

Card Type () Credit () Debit

Card Account Number _____

Card Expiration Date _____ Payment Amount _____

First Payment Date _____ Frequency of Payments _____

I hereby authorize General Revenue Corporation to initiate electronic withdrawals from my bank account or debits to my credit or debit card (as shown above) or in accordance with any future instructions that I provide, including verbal or electronic instructions. This authority shall remain in effect unless General Revenue Corporation receives notification from me of its termination by calling General Revenue Corporation at 1-800-436-5290 or writing to General Revenue Corporation at the correspondence address listed in this letter.

Account Holder Signature _____ Date _____

NOTICE: COMPLETE AND RETURN THIS FORM TO THE ADDRESS ABOVE.

Please print and complete this form. Please sign the form and mail to the address above, or fax to the phone number provided by your GRC representative.

PAYMENT AUTHORIZATION (Customer Copy)

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