

738 Broadway, Suite 400 P.O. Box 1892 Tacoma, WA 98401-1892 253.566.6100 (Telephone) 253.566.6350 (Facsimile)

REQUEST FOR RECURRING PAYMENTS

	Date	_					
RE:	Paymark Ac	 ct #	 Last N	ame, Firs	t Name,	Middle	 Initial
	norize Paymark						
0	Monthly: \$	Amount	on the	e Day	,	of each	month
0	Bi-Monthly: \$_	Amount	on the	Day	_and	Day	_of each month
for the	e next 12 montl	ns or until n	ny accour	t(s) are բ	oaid in f	ull.	
	osed is a voided	•	J			ction o	n the
Da	of y	Month		Ye	ar		
I may paym	cancel this at a ent.	any time in	writing wit	hin 5 day	ys of the	e next s	cheduled
	aware that if a ce e assessed for			-	-		on-payment, \$25
Account Holder Signature				Account Holder Signature			

This is an attempt to collect a debt. Any information obtained will be used for that purpose.