

05/16/2019 12:47

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COLORADO DEPT OF REVENUE

BALANCE DUE-S 14374.28

[REDACTED]

COLORADO SPRINGS, CO 80923

RECURRING PAYMENT AUTHORIZATION FORM

NAME:

ADDRESS

PHONE:

[REDACTED]

[REDACTED]

RECURRING AMOUNT: \$500.00

I AUTHORIZE INTEGRAL RECOVERIES INC. TO CHARGE MY VISA / MASTERCARD STARTING ON 05/31/2019 AND ON THE LAST DAY OF EACH MONTH FOR THE AMOUNT OF \$500.00. I ALSO AUTHORIZED THIS TRANSACTION BY PHONE ON 05/16/2019.

BY SIGNING BELOW, I AFFIRM THAT I AM AN AUTHORIZED USER ON THE ABOVE IDENTIFIED CARD. MY SIGNATURE FURTHER AUTHORIZES INTEGRAL RECOVERIES INC. TO PERFORM THE SCHEDULED OR PERIODIC ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT WHEN THE PAYMENTS ARE DUE, AS IDENTIFIED ABOVE. I UNDERSTAND THE AUTHORIZATION WILL REMAIN IN FULL FORCE AND EFFECT UNTIL I NOTIFY INTEGRAL RECOVERIES INC. IN WRITING BY MAIL TO PO BOX 1388, ENGLEWOOD, CO 80150, THAT I WISH TO REVOKE THIS AUTHORIZATION. I UNDERSTAND THAT INTEGRAL RECOVERIES INC. REQUIRES AT LEAST THREE (3) DAYS PRIOR NOTICE IN ORDER TO CANCEL THIS AUTHORIZATION.

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS.

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SIGNATURE:

[REDACTED]

DATE:

5-20-19

WE ARE A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.