



COLORADO DEPT OF REVENUE

BALANCE DUE-\$ 2992.39

DENVER, CO 80239

RECURRING PAYMENT AUTHORIZATION FORM

NAME: [REDACTED]

ADDRESS: [REDACTED]

PHONE: [REDACTED]

NAME ON CARD: [REDACTED]

CREDIT / DEBIT CARD TYPE: [REDACTED]

CREDIT / DEBIT CARD NUMBER: [REDACTED]

EXPIRATION DATE: (mm/yy) [REDACTED]

CVV: [REDACTED] (last three digits on the signature panel MC/VISA)

RECURRING AMOUNT: \$100.00

I AUTHORIZE INTEGRAL RECOVERIES INC. TO CHARGE MY VISA / MASTERCARD STARTING ON 01/31/2020 AND ON THE LAST DAY OF EACH MONTH FOR THE AMOUNT OF \$100.00. I ALSO AUTHORIZED THIS TRANSACTION BY PHONE ON 01/13/2020.

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.

[REDACTED] S AUTHORIZATION FOR YOUR RECORDS.

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DATE: 1/30/20

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