

J. L. Walston & Associates

1107 W. Main St., Ste. 201 – Durham, NC 27701 – N.C. Department of Insurance Permit #738
www.jlwalston.com – Email: mygoodcredit@jlwalston.com – Phone: (800) 489-7999 – Fax: (919) 286-4026

Monthly Payment Authorization

Credit Card/Debit Card (Circle One)

Visa / MasterCard

Credit Card # _____

Credit Card Exp. _____ V-Code (3 digit code from back of card) _____

Credit Card Billing Address: _____

ACH/EFT Payment

Routing# - - - - - Bank Account # _____

Banking Account Billing Address: _____

J. L. Walston & Associates may draft \$_____ monthly from my account until my balance

of \$_____ is paid in full. The first payment of \$_____ is to be drafted on

Mo_____/Day_____/Year_____ and will be drafted on the same day of each month.

_____(Initial) I do understand all of the following:

- There will be a one-time service charge of \$5.00 added to my first monthly payment.
- If J. L. Walston & Associates receives this authorization too close to the date to process my first payment, the draft will begin the following month.
- If the draft date falls on a weekend or holiday, the payment will be drafted the following business day.
- I must notify J. L. Walston & Associates within 48 hours prior to the draft date of my payment in order to cancel my monthly payment arrangements.
- If a new account should be placed with J. L. Walston & Associates for collections, that account balance will be added to the remainder of my payment plan.

Reference # _____ Phone # _____

Signature _____ Date _____

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