



Auto Payment Authorization and Release Form

I hereby authorize the Credit Bureau of Albert Lea to make recurring debit transactions from my personnel bank account as specified below and to notify me through the email provided.

Transaction Amount: \$ _____

Starting Date: _____

Recurring: (please check the appropriate box)

Weekly

Bi-Weekly

Twice A Month

Monthly

Print Name: _____

Signature: _____ Date: _____

Email Address: _____
(required for recurring payments)

Important Notification:

In the event the transaction is refused because of non-payment or dishonor you authorize the Credit Bureau of Albert Lea to assess a service fee no greater than \$30.00 separate from this agreement of which you will be notified by mail. If during the course of the authorized payment schedule you wish the EFT Authorization to cease please contact our office in writing or at 507-373-2325 or 800-450-2325 a minimum of 10 days in advance to allow the Credit Bureau of Albert Lea and all parties involved a reasonable amount of time to act on your request.

Please keep a copy of this Authorization for your records and return the original to:

Credit Bureau of Albert Lea
P.O Box 88
Albert Lea, MN 56007

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose. This collection agency is licensed by the Minnesota Department of Commerce.