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Electronic Funds Transfer (EFT)**Savings or Checking Account Installment Deduction Authorization Form****1. Applicant's Information** *(account holder/debtor)*

Applicant's Name _____ Date of Birth ___/___/___

Street Address _____

City _____ State _____ Zip Code _____

McReynolds Law Firm Account Number deductions will be applied to: _____**2. Financial Institution Information**Depositor Name *(Payor)* _____*(As it appears on Financial Institution Records)*

Financial Institution Name _____ Account Number _____

(Include Branch Name)

Financial Institution City _____ State _____ Zip Code _____

3. Account Selection: I authorize an automatic monthly deduction from my *(please choose one)*: **Checking Account:** Attach a sample VOIDED check. **Savings Account:** Account Number: _____ Routing Number: _____**4. Signature/Authorization**

In accordance with the agreements and conditions listed below, I hereby request and authorize the McReynolds Law Firm (Company) to initiate debit entries on the Financial Institution account listed herein for the purpose of paying a judgment in installments pursuant to a Court's Order. This authorization is to remain in full force and effect until the Company and Depository have received written notification from me of its termination in such time and manner as to afford the Company and Depository a reasonable opportunity to act on such notification. Written notification must be mailed to: McReynolds Law Firm, 1130 E. Arapaho Road Suite 400, Richardson, Texas 75081.

Signature of **Depositor** _____Print Name of **Depositor** _____ **Date** ___/___/___Signature of **Account Holder/Debtor** *(if different from Depositor)* _____Print Name of **Account Holder/Debtor** _____ **Date** ___/___/___**5. Agreements & Conditions***Electronic Funds Transfer (Account Deduction Authorization) is subject to the following conditions:*

1. Installment payments will be debited from your account on or about the first of each month.
2. Additional installments may be required in order to keep account(s) current and may be drawn from your account through the use of multiple debits.
3. McReynolds Law Firm (Company) may revoke the privilege of paying installments under this Electronic Funds Transfer (EFT) if any payment is dishonored.
4. A service fee of \$35.00 may be assessed for each dishonored payment.
5. Payment of installments under EFT may be discontinued by the Company or the undersigned upon thirty (30) days written notice.
6. If EFT is discontinued, an alternate payment mode acceptable to the Company will be used to remit the installments needed to keep the account(s) current.
7. The Company will not send installment notices while EFT is in effect.
8. A request for change or adjustment to the EFT must be sent directly to the Company's Accounting Manager.

NOTE: Please keep a copy of this completed document for your record

OFFICE USE ONLY	MLF Account Number: _____	EFT Effective Date: ___/___/___
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