

MARY A. MILLER & ASSOCIATES, LLC

ATTORNEYS AT LAW

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MARY A. MILLER
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Authorization and Agreement for Automatic Draft of Payments

Defendant's Name: _____ File Number: _____

E-mail Address (to receive payment receipts electronically): _____

Card Number: _____ Expiration Date: _____

Validation Code (3-digit code on the back of the card): _____

Name on Credit/Debit Card: _____

Billing Address for Credit/Debit Card:

Daytime Phone Number: _____

As the Credit/Debit Card holder, I authorize Mary A. Miller & Associates, LLC to withdraw:

\$ _____ (plus a \$3.00 convenience fee to process the payment)

on the _____ day of every month, starting _____.

I understand and agree that:

- This authorization will remain in effect until Mary A. Miller & Associates, LLC receives a written notification of cancellation or until debt is paid in full.
- This notification must be made at least ten (10) days in advance of the next payment due date.
- Any declined payments may result in suspension if payment is not satisfied within fourteen (14) days of the payment date.

Signature of Credit/Debit Card Holder: _____ **Date:** _____