

Economic Recovery Consultants, Inc.  
PO Box 200  
Searcy, AR 72145-0200

AUTO DRAFT FORM

NEW  CHANGE ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

\*CHECKING ACCOUNT  SAVINGS ACCOUNT  CREDIT CARD  DEBIT CARD

DAY OF MONTH FOR DRAFT TO OCCUR: 1<sup>st</sup> 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup> 25<sup>th</sup> 30<sup>th</sup> (Other \_\_\_\_\_)  
(Circle the date of your choice. The account will be charged on the first business day following the date selected if a weekend or bank holiday)

DATE TO BEGIN THIS DRAFT: \_\_\_\_\_

**PAYMENT AUTHORIZATION CODE:** \_\_\_\_\_ (Contact our office for this code#)

CHECKING OR SAVINGS DRAFT:  
CHECKING OR SAVINGS ACCOUNT#: \_\_\_\_\_

BANK TRANSIT/ABA ROUTING NUMBER: \_\_\_\_\_  
(Bank routing number is first nine digits on bottom of check on the left of your account number)

BRANCH LOCATION: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CREDIT OR DEBIT CARD DRAFT:  
CREDIT OR DEBIT CARD#: \_\_\_\_\_ EXP: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_ CCV CARD CODE (ON BACK): \_\_\_\_\_

**AUTHORIZATION STATEMENT:**

I (We) hereby authorize Economic Recovery Consultants, to initiate debit entries to my (our) account indicated above and the bank name above, hereinafter called BANK, to debit the same to such account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This authority is to remain in full force and effect until BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BANK a reasonable opportunity to act on such notification. A customer has the right to stop payment of a debit entry by notification to BANK prior to charging account. After account has been charged, a customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

\*If setting up a checking account draft, please attach a Voided Check  
(This Automatic Draft Form will be for all accounts owing presently and will not cover future accounts that may be received.)

**THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR.**

After completing and signing this form, please mail to:  
Economic Recovery Consultants, Inc., PO Box 200, Searcy, AR 72145-0200, Phone: 501-268-8600