

# Michael J. Fuller

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Payment in Full of \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DEBIT/CREDIT CARD INFORMATION AND AUTHORIZATION

Name on the Card: \_\_\_\_\_ Card Number \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CSV# \_\_\_\_\_

Complete Billing Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_ (initial) I hereby authorize Michael J. Fuller to charge the balance currently due on my account in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_ (initial) I hereby authorize Michael J. Fuller to charge the sum of \$ \_\_\_\_\_ to my debit card on the \_\_\_\_\_ day(s) of each month until the balance is paid in full.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This is a communication from a debt collector and is an attempt to collect a debt. Any information obtained will be used for that purpose.**