

COLORADO CHECK BY PHONE AUTHORIZATION FORM

I, _____ hereby authorize employees of Dyck O'Neal, Inc. to process payments on Account NO. _____ via Check By Phone.

I understand the following:

1. This authorization is required by Colorado Regulations.
2. I will be required to contact Dyck O'Neal each time I wish to initiate a Check By Phone payment.
3. This authorization does not act to allow any automatic withdrawal.
4. This consent is effective unless terminated by me in writing.

If you have any questions, please contact us at **800-447-2481**.
Our fax # is **972-661-3748** or you may email us at contact@dyckoneal.com.

Signature

Date

Colorado in-state office:
7400 E. Orchard Rd, Suite 3025N
Greenwood Village, CO 80111
Phone: 720-258-8232

Signature: _____ Date: _____