



ACH Payment Enrollment/Change Form

Please indicate one of the following: New Change Cancel

Consumer Information

Name:	Account Number:
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Financial Institution Information (please provide a copy of a voided check)

Please indicate one of the following: Checking Savings

Bank Name:
City, State and Zip:
Nine-digit Routing Number:
Account Number:

ACH Drafting Information

Start draft as of:	
Day of the month - subsequent drafts (i.e. 3 rd):	
Amount:	

Please indicate one of the following (for changes only): One Time Change Permanent Change

This authorization shall remain in effect until I cancel it in writing. I agree to notify Dyck-O’Neal, Inc. in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next draft date. If the above noted periodic payment dates falls on a weekend or bank holiday, I understand that the payment will be executed on the next business day. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Dyck-O’Neal, Inc., may at its discretion charge a fee of up to \$25.00 as permitted by state law.

Name (please print):	
Signature:	Date:

Send voided check (if applicable) and form to one of the following:

<i>Mail:</i> Dyck-O’Neal, Inc. P.O. Box 601549 Dallas, TX 75360-1549	<i>Fax:</i> 972-661-3748	<i>Email:</i> accounting@dyckoneal.com
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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.