



RECURRING PAYMENT AUTHORIZATION

I, hereby authorize Gateway Financial Solutions (GFS), to initiate entries to my checking/savings account or my debit card account indicated below at the depository listed below, hereinafter called DEPOSITORY. Your checking/savings account/debit card will be charged the amount indicated below each period listed below. The charges will appear on your bank/card statement. You agree that no prior-notification will be provided.

PLEASE SELECT AND COMPLETE ONE OF THE FOLLOWING:

1) Debit Card Number: _____

EXP Date: _____ Three Digit CVV Code: _____ Billing Zip Code _____

2) Bank or Credit Union Name: _____

City: _____ State: _____ Circle: Checking ACH or Savings ACH

Routing number: _____

Account number: _____ Billing Zip Code for _____

I, authorize GFS to debit money from my bank account on a recurring basis under the terms listed below. This authorization is to remain in full force and effect until GFS has received written or verbal notification from me of its termination in such time and in such manner as to afford GFS and DEPOSITORY a reasonable opportunity to act on it. Or until the account is Paid in Full with a zero balance.

Payments @ \$_____ Weekly Bi-weekly Semi-monthly Monthly (circle one)

Beginning on _____

(If semi-monthly, please indicate applicable dates) Dates: _____ and _____

Name: _____ Signature: _____

(Please print)

Last 4 SSN or Account Number: _____ Date: _____

You have the right to contact us, to correct any erroneous information, revoke the authorization or ask any questions at 989-790-5161 for inquiries Monday through Friday between the hours of 8:00 AM and 8:00 PM or Saturday between the hours of 10:00 AM and 2:00 PM Eastern Standard Time.

PLEASE PRINT, COMPLETE FORM, SIGN/DATE AND RETURN THE FORM VIA:

TEXT: 43783 (Must be opted into texting for this option)

EMAIL: ghscontactus@gatewayfinancial.org

FAX: (989)791-3770 - (call once fax has been sent for delivery confirmation)

MAILING ADDRESS: Gateway Financial Solutions, P.O. Box 3257, Saginaw, MI 48605

DISCLAIMER: Your security is a high priority to us. Unfortunately, it is not possible to guarantee the security of information emailed/text over the internet. Data can be intercepted, lost, corrupted, contain viruses or arrive late or incomplete. You assume this risk if you choose to communicate with us by email. This includes sending us your personal information or requesting us to take action that requires us to send you information through an email/text, including account and personal information. To avoid any sk, you can fax or mail the form rather than use email/text GFS does not accept liability for any errors, privacy or security consequences or viruses related to email communications.

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

PO Box 3257 Saginaw, MI 48605 Telephone 989-790-5161 Toll Free 800-500-7092
Monday-Friday 8:00a-8:00p EST Saturday 10:00a-2:00p EST