



Credit/Debt Card Authorization

Complete and email to info@stonerecovery.com

I (we) hereby authorize Richard Stone & Associates (THE COMPANY) to initiate entries to my (our) credit or debit card accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such a time to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Exact name on the card

Card number

Expiration date

Authorized amount

Today's Date

Authorized Signature

* by entering your name, you attest that you are an authorized signor