



Recovery Solutions Group, LLC
16819 S. Dupont Highway, Ste 300
Harrington, DE 19952
302-241-0686 fax 302-566-6117
www.rsgcollect.com

File:

CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Recovery Solutions Group, LLC to make a one-time debit to your credit/debit card listed below.

By signing this form you give Recovery Solutions Group, LLC permission to debit your account for the amount listed below on or after the indicated date. This is permission for one single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Please send the completed Credit Card Payment Authorization Form to Recovery Solutions group via fax at 302-566-6117 or via email to info@rsgcollect.com.

Please Complete the Information Below:

On behalf of _____, I hereby authorize Recovery Solutions Group, LLC to charge my credit/debit card, whose information is listed below, in the amount of \$ _____ on or after the date set forth next to my signature below. In addition to the principal payment, a convenience fee will be added to each transaction.

Card Type:	Debit	Credit	
Account Type:	Visa	MasterCard	Discover
Cardholder Name (exactly as it appears on the card):			
Account Number:			
Expiration Date:	CVV2 (3 digit on card reverse):		
Billing Address:			

I authorize Recovery Solutions Group, LLC to charge the credit/debit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds with the terms indicated in this form. To the extent of any dispute, you agree to indemnify Recovery Solutions Group, LLC for any and all costs, fees, expenses, or any other similar items arising therefrom or in connection therewith.

SIGNATURE:

DATE:

NAME:

TITLE:

PHONE:

EMAIL:

Convenience Fee