Peroutka, Miller, Klima & Peters, P.A.

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peroutkalaw.com

Name (Please print):	
Current Address:	
Peroutka File Number:	(i.e. 17-98765-0)
To make payments via our Direct Check system, plea office. We will process your authorization upon recei	se sign, date and attach a voided check and return to our pt of the completed form.
Amount to be deducted: \$	
Date of first payment:	
Payment frequency (circle one): Monthly / Bi-Wee	kly
This form will not be processed without a proper voice	ded check and your signature below.
Signature:	Date:
Please contact our office if you have any questions.	
Very truly yours,	
Peroutka, Miller, Klima & Peters, P.A.	
This communication is from a debt collector. This is an attempt to collect a debt. Any information	obtained will be used for that purpose.