



Toll Free 1-800-277-2730
 Local Area Phone (540) 382-2943 ext 3010

Attn: Accounting Department

PAYMENT FORM

Email Address:
 accounting@e-recoverysolutions.com
 Fax: (540) 382-5520

PO Box 826
 Christiansburg, VA 24068-0826

Client: _____

Date: _____

Client's Rep. Name Reporting Payment: _____

Client Phone Number: _____

office use only (date posted) _____

Name	Account #	Amount Paid	Date Paid	Source i.e.: Insurance/Attorney	Adjustment (+/-)	Remaining Balance	office use only

*It is imperative that payments be reported within 48 hours in order for our office to remain in compliance with the terms and conditions set forth by the Fair Credit Reporting Act.
 Thank you.*