|  |  |
| --- | --- |
| Payment Verification Request | «CONTACT\_NAME» |
| «CONTACT\_EMAIL» |
| «CONTACT\_PHONE» |

Dear «CONTACT\_FIRSTNAME»,

Thanks for signing up for our service. In order to enable automatic payments for your account, we ask that you please verify the following information:

**ADDRESS INFORMATION**

Street: \Street\_1\

City: \City\_1\

State: \State\_1\

Zip: \Zip\_1\

**PERSONAL INFORMATION**

Date of Birth: \Birthday\_1\

Credit Card #: \CCNumber\_1\

Thanks in advance for providing this information, and we look forward to offering you a more automated billing process in the future!

Please sign here:

\s1\