



CREDIT/DEBIT CARD AUTHORIZATION FORM

Account No.: _____ Date: _____

Borrower/Card Holder: _____

Billing Address: _____

(Check One) Visa MasterCard Discover AMEX

Bank Card Name: _____

Card Number: ---

Three digit number on back of card (after account number):

Card Expires/Valid Thru: /

Payment Amt: \$ _____ (+ *\$9.95 Over the Phone Convenience Fee)= \$ _____

I hereby authorize Credit One Corporation to charge my credit card the amount above, in order to satisfy my payment plus any fees and charges incurred or outstanding. I am aware that an over the phone convenience fee may be charged for this transaction.

Borrower Signature Check Box if authorized over the phone

Card Holder Signature (If different)

Teller _____
Credit One Rep

*Convenience Fee of \$9.95 is charge for all over the phone payment transactions.