Pay-by-Phone Form

Account Name:_____ Account Number_____

$ □□,□□□.□□ + 7.50 Processing Fee = $ □□,□□□.□□ Process Date:_____

CUSTOMER/PAYEE INFORMATION

_____ _____ _____ SSN: □□□-□□-□□□□

First Name MI Last Name

_____ Tel □□□-□□□-□□□□

Second Name/Company Name

_____ Alt. □□□-□□□-□□□□

Street Address

_____ □□□□□-□□□□

City/Sate ZIP Code

BANK INFORMATION

Routing Number (9 numbers) Account Number Check #:_____

□ □(□ □ □ □)

Bank Name:_____ ( ) Personal Account ( ) Business Account

I, the undersigned, hereby authorize Credit One Corporation to process/duplicate a check and/or present a draft from my account listed above.

_____

Customer/Account Holder Signature

INTERAL USE

Processed by:_____ Confirm#:_____Date:_____