PAY-BY-PHONE FORM

Account Name:_____ Account Number_____

$ □□,□□□.□□ + 9.95 Convenience 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.

X_____
Customer/Account Holder Signature

INTERAL USE

*Over the phone Convenience Fee

Processed by:_____ Confirm#:_____ Date:_____