SBAC
a Fortegra company
SOUTH BAY ACCEPTANCE CORPORATION

PO Box 639299 · Cincinnati, OH 345263-9299
Ph 800-393-2012 · Fax 888-328-6747
contact@sbac-finance.com

Bank Draft/Credit Card Authorization

Account #: _____ Insured's Name: _____

Phone Number: _____ Email address: _____

Payment Amount: $_____

☐ **Monthly** Number of Payments: _____	☐ **One Time Only**
Start Date: _____	Draft Date: _____

Select one of the following payment options:

☐ BANK DRAFT

Account type: ☐ Checking ☐ Savings

Name of Account Holder: _____

Name of the Bank: _____

Routing Number _____ Account Number _____

☐ CREDIT CARD

(Credit card fee applies for processing the payment: 2.25% for Visa/MC; 3% for AmEx, unless prohibited by applicable state law)

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Name of Account Holder: _____

Credit Card number: _____

Expiration Date: _____ CCV Number: _____

Billing Address: _____

_____

I hereby authorize South Bay Acceptance Corp. to charge my bank account or credit card indicated above, under the terms of the finance agreement. Credit card fee applies for processing the payment. I understand that I may revoke authorization of monthly recurring payments at any time by contacting SBAC directly at least 24 hours before the next scheduled draft date.

_____ _____
Signature of Insured /Account-Holder Date