



## Payment Authorization Form

Account #:	Insured's Name:		
Phone Number:	Email address:		
Payment Amount:	\$		
☐ Auto Pay	Number of Payments:	☐ One Time Only	
Start Date:		Draft Date:	
Select one of the f	ollowing payment options:		
☐ BANK DRAFT			
Account type:	☐ Checking ☐ Savings		
Name of Accou	nt Holder:		_
Name of the Ba	ınk:		-
Routing Number	er Account Num	nber	
<del></del>			_
	e applies for processing the payment: 2	2.25% for Visa/MC/Discove	er; 3% for AmEx, unless
	· · ·	□ <b>^</b>	
Credit Card Typ			,
	nt Holder:		_
		r: mericane	CVV
Billing Address		112 A	1234 5678 9123 4567 6002P 2
			The second of th
under the terms of that I may revoke a	South Bay Acceptance Corp. to charge the finance agreement. Credit card fee authorization of monthly recurring payre the next scheduled draft date.	e applies for processing the ments at any time by conta	payment. I understand acting SBAC directly at
	Signature of Insured /Account-Holder		Date