

PAYMENT AUTHORIZATION FORM

Please Fax Your Completed Form To: 626-722-5921

For Payment By Credit Card:

		Visa		Master	Card		Discover		AME	X	
Credit Card Num	ıber:										
CCV: *Please Note That Up	To a 3%	6 Fee May	Exp dat		/ [ions.) V	000011112	2223333 999 XSA - VISA - XSA 2	Card Identification Number	
For Payment B	y Che	eck (AC	CH):				JOHN Q. MEMBER PH. 717.234.484 1 CREDITUNION PLACE HARRISBURG, PA JOE			1	
Bank Name: Bank City / State Account Type: Bank Routing Nu Bank Account Nu Card Holder's Nam	: mber (mber:	Checkin 9 digits)	g Accoun	t 🗖 S	avings Ac	count	PSECU LANGUAGE, FOR A STATE OF THE PSECU ROUTING Transit Num 231381110	1710-000 150111 - 01231	. SE?B9a*	S SORIMS ①	
Billing Address:											
Street:											
City:				State:			Zip:				
Phone Number:					Signat	ure:					
I Authorize My C	redit/E	Bank Ca	rd To Be	Charged F	or The Be	low Ar	mount by Tal	ke5 Fina	ncial G	roup	
Amount Cha	rged:	\$		(USD)	1	Date:				
Payment Options:								Payment Plan			

If you have any questions, please contact our office at 626-569-5944
Take5 Financial Group 703 S Glendora Avenue, Suite 6, West Covina, CA 91790