

Del Toro Loan Servicing, Inc.

Credit Card / Checking Account

Payment Authorization

FAX to: (877) 826-7834

Use this form for paying by check or credit card

Your Name:	Company (if applicable):
Service Requested:	Invoice / Loan Number:

Credit Card Information

Name as it Appears on Card:	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Credit Card Number:	Expiration Date:
CVC Code:	Payment Amount: (3% Fee Applies)

Credit Card Billing Address

Street Address:			
City:	State	Zip Code	
Phone Number	E-Mail Address		

Checking Information

Bank Name:	Name/ Ownership on Bank Account:
Bank Account Number:	Routing Number:

Terms

- One Time Charge / Debit
 - Retainer (Billed per agreement - Accounting record will be delivered monthly)
 - Used for Monthly Fees (30 day notice required to cancel auto-pay)
- Monthly Fee Terms
My account will be charged on the (choose one)
 1st or 15th of each month beginning ___ / ___ / ___

I hereby authorize Del Toro Loan Servicing to charge my credit card or debit my checking account as indicated above.

This authorization is to remain in effect until such time that my indebtedness is fully satisfied. The specific charge to my account authorized herein will be charged on the date(s) as indicated below.

Signature	Date
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