



CREDIT CARD AUTHORIZATION FORM

DATE OF REQUEST: _____

LOAN NUMBER: _____

BORROWER: _____

REASON FOR PAYMENT: _____

CREDIT CARD TYPE:

VISA

MASTERCARD

CREDIT CARD NUMBER: _____

CARD EXPIRATION DATE: _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS:

STREET: _____

CITY, STATE & ZIP: _____

PAYMENT AMOUNT: \$ _____

CARDHOLDER SIGNATURE

***Please be advised a \$5 fee will be added to each credit card transaction**

****MY SIGNATURE AUTHORIZES LENOX/WESLEND FINANCIAL MORTGAGE TO PROCESS A ONE TIME PAYMENT TO MY CREDIT CARD FOR THE PURPOSE AND AMOUNT LISTED ABOVE****