



CREDIT CARD AUTHORIZATION FORM

DATE OF REQUEST: _____

LOAN NUMBER: _____

BORROWER: _____

REASON FOR PAYMENT: _____

CREDIT CARD TYPE: _____

Visa

Mastercard CVV Code _____

CREDIT CARD NUMBER: _____

CARD EXPIRATION DATE: _____

CARDHOLDER NAME: _____

CREDIT CARD BILLING ADDRESS: _____

STREET: _____

CITY, STATE & ZIP: _____

PAYMENT AMOUNT: _____

CARDHOLDER SIGNATURE _____

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