

Authorization for Electronic Payment:

Method of Payment:

Please Check One: Name: _____

Bank Draft Billing Address: _____

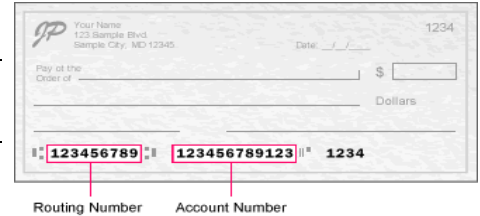
Credit Card City, State, Zip: _____

If Paying by Bank Draft:

Routing Number: _____

Account Number: _____

Type of Bank Account: Business Personal



If Paying by Credit Card:

Type of Credit Card:

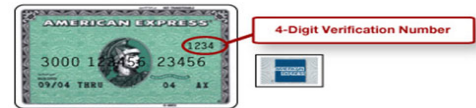
Visa CC#: _____

MasterCard

AMEX Expiration Date: _____

Discover

Other Verification Code Number: _____



I authorize The Eviction Center to charge my credit card and/or perform a bank draft for the amount(s) listed below for services being performed by the Eviction Center. Client acknowledges that the above Credit Card/Checking Account information is accurate and agrees to be responsible for any fees that The Eviction Center might incur for inaccurate Credit Card/Checking Account information given at time of initial request. I also acknowledge being given The Eviction Center refund policy statement and I agree to the refund terms set therein. This also allows for subsequent charges as agreed upon for additional services/fees between the client & The Eviction Center.

Payment Authorization:

1st Amount: \$ _____

2nd Amount: \$ _____

3rd Amount: \$ _____

4th Amount: \$ _____

5th Amount: \$ _____

6th Amount: \$ _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Additional Billing Amounts:

Invoice #: _____

Invoice #: _____

Invoice #: _____

Invoice #: _____

Invoice #: _____

_____ Date

_____ Card/Account Holder Signature

Below is for Office-Use Only:

Type of request:

Walk-In

Email

Fax

Telephone

Office Location:

Beaumont

Hemet

Employee Processing Request: _____

Details:

Date: _____

Our Account #: _____

Case Name: _____