



PAYMENT AUTHORIZATION FORM

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

For Payment By Credit Card:

Visa MasterCard Discover AMEX

Credit Card Number:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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CCV: Exp date: /

**Please Note That Up To a 3% Fee May Be Assessed For Credit Card Transactions.*



For Payment By Check (ACH):

Bank Name: _____

Bank City / State: _____

Account Type: Checking Account Savings Account

Bank Routing Number (9 digits): _____

Bank Account Number: _____



Card Holder's Name

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Billing Address:

| | | |
|---------|--------|------|
| Street: | | |
| | | |
| City: | State: | Zip: |

Phone Number:

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Signature:

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I Authorize My Credit/Bank Card To Be Charged For The Below Amount by Take5 Financial Group

Amount Charged: \$ _____ (USD) **Date:** _____

Payment Options: Full Pay 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