



PO Box 2141 · Columbus, GA 31902
 800-393-2012 · Fax 888-328-6747 · contact@sbac-finance.com

Bank Draft/Credit Card Authorization

_____ One Time Only _____ Monthly Account #: _____

Monthly payment amount: \$ _____

Name on bank account or credit card: _____

Phone number: _____

Email Address: _____

Select one of the following payment options:

BANK DRAFT

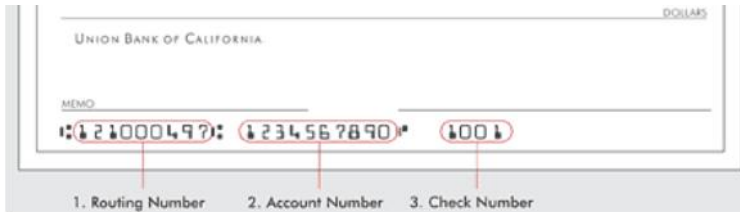
Name on the Bank Account: _____

Account type: Checking Savings

Name of the Bank: _____

Routing Number Account Number

* Example:



CREDIT CARD

(Credit card fee applies for processing the payment: 2.25% for Visa; 3% for AmEx)

Credit Card Type: Visa Mastercard American Express

Credit Card number: _____

Expiration Date: _____ CCV Number: _____

Billing Address: _____



I hereby authorize South Bay Acceptance Corp. to charge my bank account or credit card indicated above, under the terms of the finance agreement. Credit card fee applied for processing the payment.

 Signature of Insured /Account-Holder

 Date