## **RELIANCE BAY FUNDING**

## SETTLEMENTONE CREDIT REPORTING SERVICES

## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Reliance Bay Funding or SettlementOne Credit Reporting Services** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. By signing this form you are Authorizing Reliance Bay Funding to pull your credit report.

## Please complete the information below:

Icharge my credit card (Full Name)	authorize Relian	ce Bay Funding or Settl	ementOne Cre	dit Reporting Services <b>t</b> 0
account indicated below for $\frac{$49.0}{}$	00 (PER BORROWER) on or after(Date)			This payment is for
(Description of goods/services	s)			
Billing Address		Phone#	#	
City, State, Zip		Email		
Account Type:	☐ MasterCard	☐ AMEX	Discov	er
Cardholder Name				
Account Number				
Expiration Date	=			
CVV2 (3 digit number on back of	Visa/MC, 4 digits o	n front of AMEX) _		

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE

DATE