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## Email: info@franklinexpressmortgage.com

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **FRANKLIN EXPRESS** 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. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:  I authorize FRANKLIN EXPRESS to charge my credit card (full name)		
Billing Address	Phone#	
City, State, Zip	Email	
Account Type:  Visa  MasterCard	☐ AMEX ☐ Discover	
Cardholder Name		
Account Number		
Expiration Date		
CVV2 (3 digit number on back of Visa/MC, 4 digits	s on 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.

DATE

SIGNATURE \_