



Payment Authorization Form For credit/debit card payments or check please complete and return to: eFax 336-550-4365 email: mgarcia@thecolonialgroup.com

CREDIT/DEBIT CARD PAYMENTS:

Mastercard, Visa, Discover, American Express checkboxes

CARD # [][][][][] - [][][][][] - [][][][][] - [][][][][]

CHECK PAYMENTS:

Routing Number: _____

Account Number: _____

AMOUNT OF PAYMENT:

Down Payment: \$ _____ OR Pay in Full: \$ _____ **Refer to Finance Contract**

**An additional one time only processing fee of \$5 applies to credit/debit payments. Processing fee for check payments is \$1.

Name on Card/Bank Account: _____

Exp: Date: _____

Billing Address Associated with Card/Bank Account: _____

City: _____ State: _____ Zip: _____

Mailing address must be included on this form for payment processing

Daytime Phone Number: (____) _____ - _____

For Receipt of payment please provide email address:

Email Address: _____

I authorize The Colonial Group to process my payment in the amount shown above plus the additional one time only processing fee indicated above based on payment type.

Signature: _____ Date: _____

Reminder: Please send all of the required documents with this payment form. (EX: Application, Invoice), Statement of Diligent Effort (DE), etc.) Payments will not be processed without all necessary documents. Please contact The Accounting Department with any questions or concerns. The Colonial Group (800) 628-3762 Option 3