



credit  
management  
corporation

**Authorization for Payment Form**  
**(Credit Card)**

**Card Number:**

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**Expiry:**

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**CVID (Three Digit # on the back of your card)**

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**Name as appears on Card:**

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**Payment on the following schedule:**

**Authorization:**

I hereby authorize \_\_\_\_\_ to charge my credit card  
(Name of Creditor)  
number above with the payments as detailed in the payment schedule pursuant to my Cardholder Agreement.

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Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_