



UNITED FIDELITY FUNDING APPRAISAL PAYMENT AUTHORIZATION FORM

PAYMENT AUTHORIZATION INFORMATION

ACCEPTED PAYMENT METHOD, PLEASE CIRCLE ONE: VISA MASTERCARD DISCOVER CHECK

CARD NUMBER: _____

EXPIRATION DATE: (MM/YY) _____

CVS CODE ON BACK OF CARD _____

NAME ON CREDIT CARD: (EXACTLY AS SHOWN) _____

AMOUNT APPROVED TO CHARGE: \$ _____

SIGNATURE & DATE: _____

CUSTOMER BILLING INFORMATION

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

PHONE: _____

EMAIL: _____

PAY BY CHECK OPTION

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SIGNATURE & DATE: _____