



P.O. Box 162449
Altamonte Springs, FL 32716
(P)877-859-8401
(F) 321-263-0286

Debit Card Authorization Form

Name: _____ Company: _____
(Name as spelled on card)

Address: _____

City: _____ State: _____ Zip: _____

**Address/Zip code must match the billing address associated with the debit card being used.

Phone: _____ E-Mail: _____

**By including your e-mail address you authorize Sterling Credit to send you a copy of the receipt via E-mail.

Payment for: _____ Customer Account Number: _____

Debit Card Information:

Card Number ending with last 4 of: _____ Expiration: ____/____

3 Digit Security Code (on back of card) _____

Payment Schedule:

[] One Time Payment in the amount of \$ _____ on date: _____

[] Recurring: [] Weekly [] Biweekly [] Monthly on this/these Day(s): _____

Start Date: _____ End Date: _____

Recurring Payment Amount: \$ _____

Payment Authorization:

I authorize Sterling Credit Corp. (SCC) to use my debit card, identified above, for the amount and schedule I have selected above. This authorization shall remain in effect until either the one-time payment date has expired or the recurring "end date" has expired. I may revoke this authorization by calling 877-859-8401 or by faxing a signed notice to 321-263-0286 stating my intent to cancel this authorization at least 24 hours ahead of the scheduled payment date above. All other changes such as payment amount, debit card information, personal information, or payment schedule will require a new debit card authorization form to be filled out and will also need to be received at least 24 hours ahead of scheduled payment listed above. I represent and warrant that I am authorized to execute this payment authorization and certify that I am the cardholder listed above. I indemnify and hold Sterling Credit Corp. harmless from damage, loss or claim resulting from all authorized actions hereunder.

Authorized Signature: _____ Date: ____/____/____