

CBA of GA

145 EXECUTIVE PARK, MILLEDGEVILLE GA 31061 • PO BOX 579, MILLEDGEVILLE GA 31059
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CBA ACCT# _____

DEBIT/CREDIT CARD PYMT DRAFT AGREEMENT

_____ AGREES TO ALLOW CBA OF GA TO PROCESS
\$ _____ DEBIT/CREDIT CARD PAYMENT WEEKLY, BI-WEEKLY, MONTHLY
OR SEMI-MONTHLY BEGINNING _____, AND PAYABLE EVERY
_____ DAY OF EVERY _____.

DEBIT/CREDIT CARD INFO:

ACCT CARD HOLDER NAME & ADD

ACCT# _____ - _____ - _____ - _____

EXP DATE ____/____/____ BILLING ZIP CODE _____

3 OR 4 DIGIT NUMBER ON BACK OF CARD _____

PHONE NUMBER _____

YOU AGREE, IN ORDER FOR US TO SERVICE OUR ACCOUNT OR TO COLLECT ANY AMOUNTS YOU MAY OWE, WE MAY CONTACT YOU BY TELEPHONE AT ANY TELEPHONE NUMBER ASSOCIATED WITH YOUR ACCOUNT, INCLUDING WIRELESS TELEPHONE NUMBERS, WHICH COULD RESULT IN CHARGES TO YOU. METHODS OF CONTACT MAY INCLUDE USING PRERECORDED/ARTIFICIAL VOICE MESSAGES AND/OR USE OF AN AUTOMATIC DIALING DEVICE, AS APPLICABLE.

I HAVE READ THIS DISCLOSURE AND AGREE THAT CBA OF GA MAY CONTACT ME AS DESCRIBED ABOVE.

SIGNED _____ DATE _____

This communication from a debt collector is an attempt to collect a debt. Any information obtained will be used for that purpose.