

CBA of GA

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CBA ACCT# _____

DEBIT/CREDIT CARD PAYMENT DRAFT AGREEMENT

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

IN ORDER TO DELAY, CHANGE, OR CANCEL THIS AGREEMENT YOU MUST CONTACT CBA OF GA PRIOR TO THE PROCESSING DATE IN THIS AGREEMENT.

CARD HOLDER NAME & ADDRESS

CARD# _____ - _____ - _____ - _____

EXP DATE ____/____

BILLING ZIP CODE _____

3 OR 4 DIGIT NUMBER ON BACK OF CARD _____

PHONE NUMBER _____

I CONSENT TO RECEIVE RECEIPT VIA EMAIL AT _____

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.