



CREDIT CARD AUTHORIZATION FORM

Please complete, print, & sign this form and email back to: appraisaldesk@bancorp.com

OR Fax this form back to (714) 845 - 9189

All requested information and documentation is required otherwise we cannot process the order.

Paid By: Other Borrower

Initial Disclosure Date: _____ Initial Disclosure Received Date: _____

Cardholder's Name: _____

Credit Card ending in: _____ (Only Provide last four digits of credit card number)

Services Being Ordered Appraisal Re-Inspection Appraisal & Re-Inspection

Amount to be Charged to My Credit Card: \$ _____

Name of Borrower Last Name / Loan # for which card is being charged: _____

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card as provided on page 2 of this CREDIT CARD AUTHORIZATION FORM for the services selected in the **Services Being Ordered** above. I acknowledge and agree to these charges without reservation of any rights.

I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment of this order. I agree payments are non-refundable.

I UNDERSTAND THAT THE SERVICES BEING PAID FOR WILL BE PERFORMED BY A THIRD PARTY COMPANY, AND THAT BY CHARGING MY CREDIT CARD, NATIONWIDE APPRAISAL MANAGEMENT SOLUTIONS, INC. DOES NOT IN ANY WAY REPRESENT OR GUARANTEE THAT AN APPRAISAL WILL PASS REVIEW OR THE APPROVAL AND/OR FUNDING OF A MORTGAGE LOAN APPLICATION.

Signature of Cardholder: _____

Please print name as it appears on the credit card: _____ Date: _____

*** UPLOAD ONLY PAGE 1 OF THIS FORM TO LOS***

***** Pursuant to Residential Bancorp's Information Security Plan, the personal data contained on page two of this CREDIT CARD AUTHORIZATION FORM will be destroyed immediately upon charging the card.**

CREDIT CARD TO BE CHARGED PURSUANT TO AUTHORIZATION:

Type of Card: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

(3 digit code on the back of your card as shown in the clip below)



CARDHOLDER'S BILLING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: ____ - ____ - ____ Email: _____

*****THIS PAGE TO BE DESTROYED AFTER CHARGING CARD*****