

## Checking and Credit Card Authorization Form.

Please complete this form so that **Employmentskiptracing.com** may set up your account for automatic debit from a credit card or bank account or to update information on your existing account. All information will be kept confidential. Once this form is complete, please fax to **314-596-4360**, so that we may process the information. Thank for your business.

### Requester's Information:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit Card Form:

Credit Card Type (circle one):      Visa                  MasterCard

Credit Card Account Number:      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

### Checking Account Form: (please attach voided copy of a check)

Name of Bank: \_\_\_\_\_

Bank City/State: \_\_\_\_\_

ABA Number (9 digits bottom of check): \_\_\_\_\_

Account Number (bottom of check): \_\_\_\_\_

I authorize automatic debit from my credit card account or bank account provided above for my monthly invoice. Debits will appear on my credit card or bank statement from Lincoln Finance Company.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_