



CIC Mortgage Credit, Inc AutoPay[®] Enrollment Application

To enroll in CIC AutoPay program, please print, complete and send this form to:

CIC Mortgage Credit, Inc, 2206 21st Ave S #303, Nashville, TN 37212 or Fax: 800-329-8898

Company Name		Account Number	
First Name	Middle Initial	Last Name	
Mailing Address			
City		State	Zip Code
Area Code	Work Phone Number	Area Code	Facsimile Number
E-Mail			

Auto Payment Options (Please Check One :)		
Credit Card (MC, Visa, Amex) <input type="checkbox"/>		Checking or Savings account <input type="checkbox"/>
Name of Bank		
Bank Address		
City	State	Zip
Please debit my (please check one): <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account		
Which has an account number of: _____		
And ABA/Routing number of: _____		
Please debit my (please check one): <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex		
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> exp date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name on the Card: _____		
IMPORTANT: PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT TICKET APPLICATION		

Upon receipt of the application an email notification will be sent to you. Also please consider there is a processing time of approximately 5 days from the time of application before any automatic deductions will occur. All deductions will occur between the 1st and 7th day of each month.

This agreement will remain in effect until I terminate it in writing.

Signature	Date
X	_____/_____/_____