



Superior Credit Services

PO Box 193610 Little Rock, AR 72219-3610
(501) 565-4482 1-800-745-7271 Fax (501) 562-6639

Electronic Funds - Automatic Payments

Draft Authorization: I authorize Superior Credit Services to debit entries to my account as indicated, including a \$15.00 redeposit fee for bank or credit card payments returned or declined.

Choose one Payment Date to be drafted each month:

7th 15th 21st 30th

Credit Card Draft: Your payment will be processed the business day before when drafting date falls on a weekend or holiday.

Date: _____

Credit Card Draft: AmEx Visa Mastercard Discover

Account #: _____

Expiration Date: _____



Account Holders Name: _____ Phone #: _____

Address: _____ City: _____

Authorized Signature: _____ State: _____ Zip: _____

Additional Information

Location # 2909

If your last name is different
than the student taking classes,
please write their name below:

Bank Draft: Checking Savings

Routing #: _____

Account #: _____

Bank Name: _____

For Bank Draft Your Voided Check is REQUIRED