

For Internal Use Only - If providing copy to borrower the credit card number must be removed.

## Credit Card Charge / Refund Notification

All fields must be completed. Please fax to: Cash Receipts (800) 300-7979  
 Cash Receipts will not process a credit card form that is more than 2 months old.

New Form     Corrected Form

### Branch Contact Information

HMC/Contact Name: Marty Widergren	Date: 12/13/08
Telephone Number: 916-869-5209	Ext. n/a

### Borrower Information: \* \* Must be completely filled out\* \*

Borrower Name: \_\_\_\_\_

Cardholder name: (If different than borrower) \_\_\_\_\_

Loan Number: _____	A. U. Number: 35880
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
<input type="checkbox"/> Discover	

Credit Card Number: \_\_\_\_\_

Expiration Date: _____	Date Form Faxed _____ Initials: _____
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Application Fee	\$ 495.00
Credit Report	\$
Appraisal Fee	\$
Lock Fee	\$
Builder Best Fee	\$
Other (Please Specify)	\$
<b>Total</b>	<b>\$ 495.00</b>

The fee amounts must be entered into the mainframe in the POC column of the GF1 or HD1-5 screens.  
 The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \* \* \* Refund Information Only\* \* \*

Amount of refund: \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Loan must be one of the following. Please indicate loan status: Canceled  Denied  Funded

AU Manager Printed Name: \_\_\_\_\_

Employee number: \_\_\_\_\_

AU Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* NOTE\* \* All refunds require AU Manager approval**