

## **DEBIT CARD AUTHORIZATION FORM**

Debit Card Inform	ation:	
Card Type:	□ MasterCard	□ Visa
Cardholder Name (	as shown on card): <sub>-</sub>	
Customer Name (if	different from the c	ard):
Card Number:		<del></del>
Expiration Date (MI	M/YYYY):	Security Code:
Billing Information	ո։	
Billing Street Addre	ss:	
City, State, and Zip	Code:	
Billing Phone:		
I hereby authorize I card for agreed upo	f the debit card. Midaaswi, LLC DBA on payments. I unde	the referenced debit card and that <b>my name</b> is  National Small Loan (NSL) to charge my debit rstand that my information will be saved to file for ed to inform NSL of any changes to my desired
Signature		Date

\*If the card is being provided by a third-party (not the NSL customer), then the cardholder must also provide a clear copy of the front and back of a current government-issued ID. If the card is being provided by an NSL customer, this is not required.