

**EFS Caribbean Credit Card Authorization**  
**CREDIT PURCHASE AUTHORIZATION / MONIES ISSUANCE**

Complete, then fax this form to 1 (800) 201-4919 or +1 (208) 567-3627.

When you fax this document to us you must include a copy of your credit card(s) and valid drivers license or passport. Make sure all documents are readable. We recommend enlarging 120%. To ensure fast processing of your request, after faxing this form, contact us at 1 (800) 678-1830 or +506 282-1004 to confirm we received it. We will then process your request within 60 minutes provided that documentation is correct and readable.

**TELEPHONE DEPOSITS**

I \_\_\_\_\_, hereby certify and attest that I am the authorized cardholder for the below listed credit card(s) and agree to pay for the eCash purchased under the captioned Electronic Financial Services (EFS) account using the credit card(s) indicated below. I confirm that I have used the services of EFS, and agree to pay the below listed amount.

My Customer ID Number	
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Check one or both:

I hereby authorize EFS, or any other billing agency which EFS uses and notifies me of, to charge my credit card and deposit funds into my EFS account for the amount listed below.

Credit Card Number	Expiration Date	Amount in US\$

I hereby authorize EFS, or any other billing agency which EFS uses and notifies me of, to charge my credit card(s) in each instance that I verbally authorize a deposit to my EFS account over their recorded telephone lines.

Credit Card Number(s)*	Expiration Date

\* Your credit card(s) will be charged per your verbal instructions in the exact order that they are listed.

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 Authorized Signature

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 Date

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My Customer ID Number	
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**INTERNET / ONLINE DEPOSITS**

I \_\_\_\_\_, acknowledge that the maximum amount of eCash that I can purchase for my EFS account is currently US \$1,000 / day and US \$6,000 / month. I hereby request and authorize EFS, or any other billing agency which EFS uses and notifies me of, to increase my maximum online deposit amount to US \$12,000 / month. I will take every precaution necessary to ensure the security of both my username and password and will take full responsibility for all charges posted to my EFS account in the event of fraud.

Credit Card Number(s)	Expiration Date

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Authorized Signature

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Date