

CREDIT CARD AUTHORIZATION FORM

Plan Name: _____

Client Number: _____

American Express **Master Card** **Visa** **Discover**

Name on Card: _____

Mailing Address on Card: _____

Credit Card #: _____ **Exp. Date:** _____

Security Code: _____

Payment Amount: _____

Email Address (for receipt): _____

I, _____, authorized Pension Services, Inc./ Plan Document, Inc. to process the above payment amount using the credit card information listed. This payment should occur:

Monthly **Semi Annual** **Annual** **One time**

Card Holder Signature: _____ **Date:** _____