

CREDIT CARD AUTHORIZATION FORM

PLEASE NOTE: A CREDIT CARD CONVIENCE FEE OF 3% WILL BE ADDED TO INVOICE AMOUNT.

Plan Name: _____

Client Number: _____

American Express Master Card Visa Discover

Name on Card: _____

Mailing Address on Card: _____

Credit Card #: _____ Exp. Date: _____

Security Code: _____

Invoice Amount: _____ **Plus ** 3% convenience fee \$** _____

Total approved amount to be charged on credit card \$ _____

Email Address (for receipt): _____

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

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

Card Holder Signature: _____ Date: _____

****A 3% convenience fee will be charge to the invoice amount**