



Credit Card Charge Authorization

Client Services
866.928.9394
512.637.5739
www.StrataTrust.com

Send to: (Please submit using one method)
Email: CC@StrataTrust.com
US Mail: PO Box 849, Austin, TX 78767
Overnight: 901 S. Mopac Expy, Barton Oaks Plaza, Ste 100
Austin, TX 78746

Use this form if you wish to use a credit card to pay account fees.

Section 1		Account Owner Information	
Accountholder Name		Account Number	
Daytime Phone		Email Address	
Charge Amount		Invoice Number (if known)	

Section 2		Credit Card Information	
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Please print clearly and provide all information to avoid a processing delay.

Card Type (Check one)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Cardholder Name (As shown on card)								
Billing Address								
City				State			Zip	
Home Phone				Mobile Phone				
Credit Card Number					Expiration Date			
Card Security Code – REQUIRED				The security code is the 3 digit number imprinted in the signature box on the back of the card for VISA, MasterCard or Discover. It is the 4 digit number imprinted in the upper right area of the card number on front for AMEX.				

Section 3		Signature		Credit Cardholder and Accountholder must sign and date below	
<p>I wish to pay the account fees indicated above and hereby authorize payment of the account fees to STRATA Trust Company ("STRATA") be charged to the credit card provided on this form. By signing this form, Accountholder hereby accepts and agrees to all the terms and provisions set forth in the IRA Custodial Account Agreement and Disclosure Statement and has read and accepted the terms of the STRATA IRA Fee Schedule.</p>					
	Cardholder Signature			Date	
	Accountholder Signature			Date	
Account Number					

For Internal Use Only: Approval # _____ Processed by _____ Date _____