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# Credit Card Authorization Form

Traditional | Roth | SEP | SIMPLE

PTC IRA Account Number

**WE ONLY ACCEPT VISA AND MASTERCARD.**

You can elect (not required) to keep a credit card on file with Preferred Trust Company. If a credit card is on file, Preferred Trust Company will only charge the credit card when the cash balance in your IRA is not sufficient to pay outstanding fees while maintaining the required minimum cash balance **or** you request a fee to be paid with the credit card on file by sending an email request to info@ptcemail.com.

## SECTION 1 | IRA Account Owner Information

First Name  Last Name  Last 4 Digits of SSN  DOB (MM/DD/YY)   
 Daytime Phone Number  Email Address

## SECTION 2 | Credit Card Information and Authorization Amount

**WE ONLY ACCEPT VISA AND MASTERCARD.**

Name of Cardholder   
 Billing Address  City  State  Zip Code   
 Credit Card Number  Expiration Date (MM/YY)  Verification Code   
 Reason for Charge (Example: Annual Administration Fee, Investment Transaction Fee, etc.)   
 Amount to be Charged

## SECTION 3 | Acknowledgement Signature for Authorized Amount

I acknowledge that I am authorizing Preferred Trust Company at my direction to charge my credit card for the amount defined in Section 2.

Signature of Credit Cardholder  Date

## SECTION 4 | Acknowledgement Signature for Credit Card on File for Future Fees

**IMPORTANT:** I acknowledge that I am authorizing Preferred Trust Company at my direction to charge my credit card with the following understanding; Preferred Trust Company will only charge the credit card when the cash balance in my IRA is not sufficient to pay outstanding fees while maintaining the required minimum cash balance as defined in the Preferred Trust Company Fee Schedule. Preferred Trust Company may pay a fee at my written direction to be charged to the credit card on file, if I notify Preferred Trust Company prior to the fee being due. I acknowledge that expenses associated with an investment and contributions cannot be paid with the credit card on file. I also acknowledge that it is my responsibility to update the credit card on file if any information changes.

Signature of Credit Cardholder  Date

**INTERNAL USE ONLY**

**Verified**  
(Initials and Date)