

CREDIT CARD AUTHORIZATION FORM



Use this form to instruct iPlanGroup to charge a credit card for fees or a contribution related to your iPlanGroup account. Use *Account/Credit Card II* if charging to an additional credit card or account. Once completed, please submit this form via one of the following options:

Fax: (440) 815-2214 / Email: Info@iPlanGroup.com / Mail: iPlanGroup, 28011 Clemens Rd. Suite B, Westlake Ohio 44145

ACCOUNT/CREDIT CARD I

Account Owner Name		iPlanGroup Account Number	
Fee Type/Payment Description		Amount to Charge	
Cardholder Name		Card Number	Expiration Date
			Security Code

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

By signing below, I hereby acknowledge that I have read, understand and agree to the terms and conditions as set forth in the applicable Custodial Account Agreement & Disclosure Statement and New Account Application. Furthermore, I have read the iPlanGroup Fee Schedule and accept the terms and conditions contained therein. I am authorizing IRA Plan Partners, LLC DBA iPlanGroup to charge the applicable account fees to the credit card shown above. Additionally, I understand that a Credit Card Processing Fee of 3% will be assessed on each credit card transaction.

Card Holders Authorization and Signature		
Sign Here	Print Name	Date
X		

ACCOUNT/CREDIT CARD II (optional)

Account Owner Name		iPlanGroup Account Number	
Fee Type/Payment Description		Amount to Charge	
Cardholder Name		Card Number	Expiration Date
			Security Code

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

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Card Holders Authorization and Signature		
Sign Here	Print Name	Date
X		