



Recurring Credit Card Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card on file. You will be charged each billing period, or as fees incur, for the total amount due. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided. You may cancel this automatic billing at any time by contacting us.

Participant Name: _____ Account No: _____

Exact Name on Card: _____

Card #: _____

CVV Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Authorized Cardholder Signature

Date

Please sign and mail your completed form to: 10096 W. Fairview Ave., Ste. 160
Boise, ID 83704
C/o Accounts Receivable Department

You may fax your completed form to: (208) 376-4567
C/o Accounts Receivable Department

Thank you,

Mountain West IRA, Inc.
10096 W. Fairview Ave., Ste. 160
Boise, ID 83704
(208) 377-3311 Phone
(866) 377-3311 Toll-Free
(208) 376-4567 Fax