



- 1. Complete this form for updated credit card information.**
- 2. If you are “split billing,” fill in the applicable names and percentages of payments.**
- 3. Sign and date the form.**
- 4. Fax the form to 800.720.0780.**

I authorize DST to process charges to my credit card(s) as outlined in my selected option below. DST produces the *Financial Matters*® newsletter, and I have agreed to an ongoing subscription according to the order confirmation. This authorization will remain in effect until DST has received written notification of termination from me in such a time and in such a manner as to afford DST the reasonable opportunity to cancel my order in a timely and favorable fashion.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

1 Credit Card:

Credit Card Type:

MasterCard VISA AMEX Executive Advantage Plus

Card Number: _____

Expiration Date: _____ Security Code: _____

Cardholder's Name: _____

Signature: _____

2 Split Billing:

Each payer must complete this form.

(Please indicate all payers for this order with respective percentages. Please print names.)

1. _____ % 2. _____ %

3. _____ % 4. _____ %

3 Signature: _____ Date: _____

4 Fax to 800.720.0780

