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# Credit Card Authorization

**INSTRUCTIONS:** Please complete this form in its entirety. In addition, please be sure to read this entire form prior to completion to avoid any processing delays. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Account Adoption Agreement.

## SECTION 1 - Account Holder Information

Name:  Account Number:

Daytime Phone Number:  Email Address:

Social Security Number:

## SECTION 2 - Credit Card Information\*

**Credit Card Type**     Visa                       MasterCard                       Discover                       American Express

Name as It Appears on Card:

Card Number:                       Expiration Date:

Credit Card Billing Address:

Email Address for Receipt (If Different from Above):

*\*Please ensure credit card information on file remains accurate/valid.*

### Directions for Charges

I authorize Kingdom Trust to charge my credit card for all future account fees.

I authorize Kingdom Trust, on a one-time basis, to charge my credit card the amount of \$  for .

## SECTION 3 - General Provisions & Signature

By signing below I, the Account Holder, agree to the following:

1. I do hereby agree that Kingdom Trust has my authorization to bill the above credit card as indicated above.
2. I understand that this fee may in some cases be a recurring fee that will be billed to my credit card.
3. I agree that this authorization shall replace any previous Credit Card Authorizations that I have on file with Kingdom Trust and that this authorization shall remain in effect until an administratively practical time after I give Kingdom Trust instructions to the contrary.
4. I agree that initiation of and any changes to this request could take up to 10 business days to reflect and process.
5. In the event that any of the above information changes, I agree to notify Kingdom Trust in writing immediately. If I neglect to inform and confirm such changes to the above information, I agree to indemnify, hold harmless and defend Kingdom Trust and its respective officers, directors, managers, members, employees, representatives, agents, owners, affiliates, successors and assigns from any and all loss, damage, injury and expense of any nature, including attorneys' fees, that may be incurred.
6. I understand that should any of the above referenced charges be denied on the day of first processing for any reason, Kingdom Trust will charge me a \$50.00 processing fee. In addition, Kingdom Trust will have the right to cancel this Credit Card Authorization form without any written or verbal notification.

Cardholder Signature and Authorization of Charges: **X**  Date:

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