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Fee Payment 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:

Address:

Daytime Phone Number: Email Address:

SECTION 2 - Annual Account Fees

Below are the options available to you for paying annual account fees. Please choose one by checking the box immediately to the left of the payment method you want Kingdom Trust to use. See Fee Schedule for a complete list of fees due and the date you are expected to provide payment.

Deduct from Available Cash in Account (If sufficient cash is not available in the account, additional charges will be incurred.)

Bill Credit Card* Visa MasterCard Discover American Express

** Please ensure credit card information on file is accurate/valid. Should any charges be denied on the day of first processing for any reason, you will incur a \$50.00 processing fee.*

Name as It Appears on Card:

Card Number: Expiration Date:

Credit Card Billing Address:

By signing the Cardholder Signature line below, you authorize Kingdom Trust to bill the above credit card for all fees and expenses.

Cardholder Signature:

Process via ACH (if sufficient cash is not available in the bank account, additional charges will be incurred.)

Bank Name: Account Number:

Confirm Account Number: Routing Number:

Account Holder Name: Bank Account Type: Checking Savings

I instruct Kingdom Trust to process a withdrawal from the above bank account and deposit into the Kingdom Trust account referenced in Section 1 for fee payment.

Invoice (Additional fee will be incurred. Invoicing only applies to annual fees and not other incidental or miscellaneous fees.)

SECTION 3 - Signature

Account Holder Signature: Date:

Account Holder Printed Name:

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