

CREDIT CARD DRAFT AUTHORIZATION

NAME ON ACCOUNT: _____

CREDIT CARD BILLING ADDRESS _____

INCLUDE ZIP CODE _____

S.E.C. ACCOUNT NUMBER: _____

NAME ON CREDIT CARD: _____

CREDIT CARD TYPE: VISA _____ MASTER CARD _____

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE ON CREDIT CARD: _____

(Please notify SEC of any expiration date change)

CUSTOMER PHONE NUMBER: _____

MEMBER SIGNATURE _____ DATE _____

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PLEASE COMPLETE AND FORWARD TO BILLING. FORM MUST BE IN BILLING AT
LEAST FIVE (5) WORKING DAYS BEFORE DRAFT DATE.

CSR TAKING REQUEST _____ DATE _____