

## Credit Card Consent Form

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Please fill out this form if you would like TRA to make automatic charges to your credit card. Leaving your card information on account makes payments more direct and helps you avoid delays in mailings.

Name \_\_\_\_\_ TRA Account number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I authorize TRA to charge my credit card when my account drops below a balance of \$25.00
- I authorize TRA to charge my credit card when my Annual Fee of \$95 is due
- Email me a receipt at: \_\_\_\_\_

### Credit Card Information

Name on card \_\_\_\_\_

Select card type:

Visa  Master card  Discover  American Express

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

CSC code \_\_\_\_\_