

## Credit Card Consent Form

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Please fill out this form if you would like TRA/Eagle Postal Center 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 \_\_\_\_/\_\_\_\_

SC code \_\_\_\_\_

Credit Card billing street address \_\_\_\_\_

Zip code \_\_\_\_\_