



Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us at (203) 234-2229 or by emailing billing@tpsgroup.com.

Client Information	
Company Name: _____	Contact name: _____
Plan Name: _____	Phone: _____

Please complete the following and sign at the bottom:

Credit Card Information

THE PENSION SERVICE, INC. accepts the following credit cards:

Please select one:

Credit card number: _____ Expires: _____

Cardholder's name: _____ Cardholder's zip code: _____
(exactly as shown on credit card) (from billing address)

Security code: _____
(three or four digits)

Start billing on: _____

Payment Information

I authorize THE PENSION SERVICE, INC. to automatically bill the card listed above as specified:

Full Amount of Invoice (# _____) Specific amount \$ _____

Frequency (check only one): One-time only
 Quarterly
 Semi-Annually
 Annually
 All invoices

End billing when: Contract expires: _____
 Client provides written cancellation

Client's signature: _____	Date: _____
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Internal use only, to be completed by The Pension Service: Global ID: _____ Date: _____
