

Credit Card Authorization

1. ACCOUNT AND CREDIT CARD INFORMATION

Name:	New Direction Account Number:
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Card Number:	Name on Card:
Expiration Date:	3 Digit Security Code: (found on back of card)
<input type="checkbox"/> Please charge this credit card for all annual administration fees associated with my account.	

2. SIGNATURE

I understand it is my responsibility to update credit card information if changes are made to the credit card of record. If my credit card is declined, I understand New Direction Trust Company will charge my account for fees due.

Signature: _____ Date: _____