

Surname \_\_\_\_\_

Plan # \_\_\_\_\_

(     )     -

First Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Address \_\_\_\_\_

**Card Information**

Card Type (check one):  Visa     MasterCard     Discover

Card Number: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

**Authorization (All Fee Payments are subject to applicable taxes)**

(Check one):

One Time Payment    Amount: \$ \_\_\_\_\_

Variable Fee Payment    By selecting the Variable Fee payment option, I authorize Western Pacific Trust Company to draw on the Credit Card identified above for the Annual Fee and all additional charges for services and products outlined in the Western Pacific Trust Company Fee Schedule, as amended from time to time, with respect to the above noted Western Pacific Trust Plan Number(s).  
(Default option if left blank)

I may revoke this authorization at any time in writing; subject to providing 10 business days' notice.

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date (DD/MMM/YYYY): \_\_\_\_\_

**Privacy Notice**

In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at [www.westernpacifictrust.com](http://www.westernpacifictrust.com).