



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder Billing address:

I, \_\_\_\_\_, authorize ALT Financial Professionals, INC. to charge my credit card above to pay for monthly Professional Liability (E&O) Insurance . I understand that my information will be saved to file for recurring monthly transactions of the said E&O fee on my account.

Additional Services or Items I am authorizing ALT Financial Professionals, Inc to charge my credit card. :( Pls check the boxes)

1. E&O FEES
2. Business Card
3. TITAN Email address
4. Dummy Trust
5. Other \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

