



Investment Advisory Services Payment Form

1. Account Information

First Name	M.I.	Last Name

Client Number	Anniversary Date

Advisor Name (optional)	Plan Name (optional)

2. Payment Method

Credit Card Information:

Credit Card Number	Expiration	<input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa

Checking or Savings (ACH):

Routing Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

3. Payment Frequency (make one selection)

Annual	Quarterly	Monthly

Signature: _____ Date: _____

For RMS use only:

- | | |
|-----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Last PYMT Date: _____ | <input type="checkbox"/> Process Pymt? Yes No |
| <input type="checkbox"/> Sub-Type Clear | <input type="checkbox"/> Post Sage50 Receipt (if Check only) |
| <input type="checkbox"/> Billing Status Error Clear | <input type="checkbox"/> Purple Note |