

# EQUITY TRUST COMPANY

# CREDIT CARD FORM



## INSTRUCTIONS AND GUIDELINES

This form should be completed to use a credit card to pay account fees.

Please make sure to complete section two if you are adding or replacing a credit card on your account. Section three should only be completed if the information on file requires updating.

If the credit card holder and IRA account holder are different, both parties will need to sign and date the bottom of the form.



## SUBMISSION OPTIONS

### REGULAR MAIL:

Equity Trust Company  
P.O. Box 1319  
Elyria, OH 44036

### BY E-MAIL:

[help@trustetc.com](mailto:help@trustetc.com)

### OVERNIGHT MAIL:

Equity Trust Company  
225 Burns Road  
Elyria, OH 44035

### BY FAX:

(440) 366-3755



## NEED HELP? CONTACT YOUR FIRST CLASS SERVICE TEAM



### Team Phone Numbers

- Team #2: 877-693-8202
- Team #3: 877-693-8203
- Team #4: 877-693-8204
- Team #6: 877-693-8206
- Team #7: 877-693-8207

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

<b>1 IRA ACCOUNT HOLDER INFORMATION</b>	
ACCOUNT HOLDER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

<b>2 ADD/REPLACE CREDIT CARD INFORMATION</b>																				
Please choose whether you wish to add or replace a credit card on file. <input type="checkbox"/> Add card listed below <input type="checkbox"/> Replace card on file    Please include the last 4 digits ( _____ ) of card being replaced.																				
NAME OF CARDHOLDER (as stated on front of card)	CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard																			
BILLING ADDRESS																				
CITY	STATE	ZIP CODE																		
HOME PHONE	MOBILE PHONE																			
CREDIT CARD NUMBER	EXPIRATION DATE (mm/yyyy)																			
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<b>FOR INTERNAL USE ONLY</b>		APPROVAL CODE																		

<b>3 UPDATE CREDIT CARD INFORMATION</b>																			
<b>Name, credit card number and card type required for verification.</b>																			
NAME OF CARDHOLDER (as stated on front of card)	CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard																		
CREDIT CARD NUMBER	EXPIRATION DATE (mm/yyyy)																		
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<b>Complete only the information you would like to update.</b>																			
BILLING ADDRESS																			
CITY	STATE	ZIP CODE																	
HOME PHONE	MOBILE PHONE																		

<b>SIGNATURE</b>
<p><b>IMPORTANT -- Please read before signing.</b></p> <p>The signature below acknowledges that I have received, read and understand Equity Trust Company's IRA Custodial Agreement, Disclosure Statement and Fee Schedule found in the <i>IRA Custodial Account Agreement and Disclosure Statement</i>; 2. I acknowledge that the <i>IRA Custodial Account Agreement and Disclosure Statement</i> explains the duties, limitations on duties, and the rights of Equity Trust Company and depositor; and 3. By signing this form below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions. The account holder accepts and agrees to all of the terms and provisions set forth in the <i>IRA Custodial Account Agreement and Disclosure Statement</i> and has read and accepted the terms of the Equity Trust Company Fee Schedule.</p> <p><i>My signature below acknowledges that I have read and agree with Paragraph 8.04 or 9.04 of the IRA Custodial Account Agreement and Disclosure Statement.</i></p>
<b>SIGN &amp; DATE</b>

Credit Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_ IRA Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_