



PENSICO TRUST COMPANY

Please return by:

Fax: 415-956-3016

Regular Mail:

P.O. Box 26903
San Francisco, CA
94126-6903

Overnight Delivery Only:

450 Sansome Street, Fl. 14
San Francisco, CA
94111-3306

Credit Card Authorization

www.penscotrust.com

800-969-4472

1. Accountholder Information

Account #: _____

Accountholder's First Name _____ M.I. Last _____

Social Security #: _____ Primary Phone #: _____ Ext.: _____

Email Address: _____

2. Credit Card Instructions

Please select one of the following payment options for future Maintenance Fees associated with your PENSICO Account.

- Please charge my credit card for all Maintenance Fees. (Maintenance Fees so paid may be tax-deductible. Please consult your tax advisor.)
- Please deduct Maintenance Fees first from my PENSICO Cash Reserve Account (CRA) (not tax-deductible), and only use my credit card if my Account's Cash Reserve has insufficient funds.

3. Credit Card Information

- Card Type: Visa
 MasterCard
 American Express

Credit Card #: _____

Expiration Date: /
 M M Y Y Y Y

Name of Cardholder (as it appears on card) _____

Credit Card Billing Address (for verification purposes only) _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

4. Authorization

 _____
Cardholder Signature _____ Date _____