



Account Fee Payment Form

(Payment of Account Fees)

Name: _____

Account Number: _____

Amount

- ◆ Fee Payment amount enclosed– *(please use one form per account)*

\$ _____.

Method of Payment

- ◆ Method of Payment
- Money Order *(please attach)*
 - Personal Check *(please attach)*
 - Credit Card
 - Visa
 - Master Card

 - AMEX

Card holder name: _____

Card number: _____ Exp date: _____

Cardholder billing address: _____

Cardholder Zip Code: _____ Card holder telephone: _____

Cardholder's Signature: _____

Automatic Billing

Keep my credit card information on file and automatically bill the above card for End of Quarter fees?

- Yes _____
Signature Date

*The signature directly above indicates that I wish for Entrust Administration Services, Inc. to keep the credit card information contained herein on file and bill the fee balance for my account at the end of each quarter using said credit card information. This request will remain in effect until such time when I revoke the request by submitting a notice in writing to stop the automatic billing to Entrust Administration Services, Inc.

Remit Payments To:

Entrust Administration Services, Inc.
1064 Greenwood Blvd. Ste 312
Lake Mary, FL 32746

This form can be faxed to 321-275-0475 without a coversheet