



## One-Time Credit Card Payment Authorization

Please sign and complete this form to authorize Mountain West IRA, Inc. to make a one-time debit to the credit card listed below.

Participant Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction and does not provide authorization for any additional unrelated debits or credits to your account.

A receipt will be emailed to you and the charge will appear on your credit card statement.

\_\_\_\_\_  
*Authorized Card-holder Signature*

\_\_\_\_\_  
*Date*

### DELIVERY INSTRUCTIONS

**FOR PRIVACY PURPOSES, PLEASE DO NOT SEND YOUR AUTHORIZATION FORM BY EMAIL.**

**MAIL:**

Mountain West IRA  
10096 W Fairview Ave, Ste 160  
Boise, ID 83704

**FAX:**

208.376.4567  
C/o Accounts Receivable