



# MADISON TRUST COMPANY

Use this form if you wish to use a credit card to pay account fees.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive Suite 275, Montvale, NJ 07645 • Fax: (845) 947-1212 • Secure Upload: www.madisontrust.com/uploads

## A. ACCOUNT INFORMATION

Account holder name \_\_\_\_\_ Account number \_\_\_\_\_

## B. CREDIT CARD INFORMATION

Please print clearly and provide all information to avoid a processing delay.  
Note: If credit card payment fails, the fee will be automatically deducted from your account.

Card type (check one):  VISA  Mastercard  American Express  Discover

Cardholder name (as shown on card) \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

## C. SELECTIONS

From the options listed below, please select all that apply  
*(funds that are sent to us via credit card, either as payment of fees or to maintain the \$500 minimum account balance requirement, are considered NON-IRA Funds)*

- Please charge all fees to this credit card
- Please charge the required \$500 minimum account balance to this credit card *(Note, this will incur a \$25 convenience fee)*

## D. SIGNATURE

Credit cardholder and account holder must sign and date below.  
I wish to pay the account fees indicated above and hereby authorize payment of the account fees to Madison Trust to be charged to the credit card on this form. By signing this form, Account holder hereby accepts and agrees to all the terms and provisions set forth in the IRA Custodial Agreement and Account Disclosure Statement and has read and accepted the terms of the Madison Trust Fee Schedule.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

Account holder signature \_\_\_\_\_ Date \_\_\_\_\_