



*Harbour Investments, Inc.*  
*Credit Card Authorization Form*

**Cardholder Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Credit Card Information**

Credit Card Type: Master Card VISA Card Discover Card

Account Number \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code \_\_\_\_\_

**Credit Card Billing**

Billing Amount: \$\_\_\_\_\_

Billing Period: One-time Monthly Quarterly Other \_\_\_\_\_

Start Date: \_\_\_\_\_

I authorize **Harbour Investments, Inc.** to charge the agreed amount listed above to my credit card provided herein on the \_\_\_\_\_ day of each billing period. I agree to pay the financial planning fee as outlined in my Financial Planning & Investment Consultation Services Agreement or related invoice.

\_\_\_\_\_  
Cardholder Signature Date

The transaction will be displayed as "Harbour Investments Inc" on the credit card statement. An email receipt will be delivered at the address provided above.

I understand this agreement is valid unless I cancel the authorization through written notice to the below address at least 10 calendar days prior to the billing date:

Harbour Investments, Inc.  
Attn: Commissions  
575 D'Onofrio Drive, Suite 300  
Madison, WI 53719

If the above noted billing dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.