

ONE-TIME PAYMENT AUTHORIZATION FORM

With regard to the _____;
(Plan Name)

I, _____, hereby authorize
(Cardholder Name)

PACE TPA to debit my credit card

___ VISA ___ AMEX ___ MASTERCARD ___ DISCOVER

for the following service(s) or/and invoice(s):

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ (Where to find this code? Typically on the back of card but on the front of Amex.)

ZIP CODE: _____

This is a one-time payment for the service(s) or/and invoice(s) mentioned above. I request a receipt for this transaction which can be emailed or mailed to the address below.

Cardholder Signature

Date

Email or Mailing Address: _____

Please fax this signed form back to us at (559)436-4679 or submit the completed application to accounting@pacetpa.com.