

## **CREDIT CARD AUTHORIZATION FORM**

Registered Plans & TFSA Division

Fax: 403.776.8679

Email: rrspprocessing@olympiatrust.com

1. Plan Information	Surname Plan #  First Name Phone #  Address  Address	
2. Credit Card Information	Card Type (Check one):  Visa  MasterCard  Number:  Expiry Date (month/year):  /	
3. Authorization  (All fee payments are subject to applicable taxes)	One Time Payment Amount:    Monthly Fee Payment Amount:   Date	

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