



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 for _____.

Advisor Name

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.