Personal Pension Plan Contribution Authorization Form

Greek Orthodox Archdiocese of America

Authorization for Payment via Credit or Debit Card

Here's how it works: You authorize regularly scheduled payments to be made from your credit or debit card. Then, just sit back and relax. Your payments will be made automatically on the 17th of each month. Proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify GDC in writing to terminate the authorization. You must notify GDC in writing within ten (10) days of any change to the dollar amount of your authorization. Simply complete this authorization form and return it to GDC.

All you need to do is:

1) Indicate whether payment will be made by credit or debit card.
2) Fill in all of the information requested.
3) You may fax your form to: 203-367-4078 Attn: GOA Pension Plan
4) Hard copy of this form **must** be sent. The address for mailing is:

GDC Financial Group,Inc.
929 Kings Highway East
Fairfield, Ct. 06825
Att: GOA Pension Plan

Note: the Authorized Signature MUST be completed or the transaction will NOT be processed.

Please complete the information below

I authorize The GDC Financial Group, Inc. to initiate electronic debit entries to my:

_____credit card (or) _____debit card

for payment of my Greek Orthodox Archdiocese of America Personal Pension Contribution.

I acknowledge that the origination of this transaction from my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

PARTICIPANT NAME:_____

NAME AS SHOWN ON CARD:_____

AMOUNT AUTHORIZED MONTHLY:_____

_____VISA _____MASTERCARD _____AMERICAN EXPRESS _____DISCOVER ___DEBIT

EXPIRATION DATE MO/YR:_ _/ _ _

CARD NUMBER (all digits)_ _

AUTHORIZED SIGNATURE
OF CARDHOLDER (Required)_____ Date____/_____/_____

CARDHOLDER BILLING ADDRESS:

Address 1_____

Address 2_____

City_____ST_____Zip_____

CARDHOLDER ADDRESS *(if other than billing):*

Address 1_____

Address 2_____

City_____ST_____Zip_____

PHONE NUMBER OF CARD HOLDER (required)_____