

PAYMENT AUTHORIZATION FORM

If you have any questions, please do not hesitate to contact our accounting team at (571) 485-9998 or via email at tyowell@pacificstocktransfer.com

Company to Credit: _____
Contact Name: _____
Email Address: _____
Phone Number: _____
Name on Card: _____
Billing Address: _____

Check this box to authorize Pacific Stock Transfer to keep this card on file and opt-in to auto-payment of monthly fees.

Amount: \$ _____ Date: _____

Signed: _____

Visa MasterCard American Express

Card Number: _____ CVV/CSC/CID: _____

Zip Code: _____ Exp. (MM/YY): _____ / _____

(VISA & MC is a 3-4-digit code on the back of card; AMEX is a 4-digit code on front of card)

I hereby authorize Pacific Stock Transfer Company to charge my credit card in the above amount for services rendered.

WIRE TRANSFER INFORMATION

Domestic Wire:
Summit Community Bank
251 West Lee Highway
Warrenton, VA 20186
1 (540) 347-7779

Routing #: 052202225
Account #: 11165305
Address: PO Box 256
Sperryville, VA 22740
Account: Pacific Stock Transfer

International Wire:
Receiving Bank:
SWIFT/BIC Code:
Routing Number:
Beneficiary Account:
Account Number:
Address:
Routing:
Name:
Account Number:

***US DOLLARS ONLY**
CenterState Bank of Florida, N.A.
1101 First St. S, Winter Haven. FL 33880
CSBKUS33
063116737
Summit Community Bank (304-530-1000)
80010251
310 N Main St, Moorefield, WV 26836
052202225
Pacific Stock Transfer Company
11165305

Once you have initiated the wire transfer through your financial institution, please email or fax this form with your contract information and wire detail to 1-540-878-5543 or tyowell@pacificstocktransfer.com.

Failure to do so may cause significant delays in your funds being applied to the company's account. Thank you!