



Credit Card Payment Authorization Form

13905 W Wainwright Dr
Boise, ID 83713
Phone: (208) 314-4018
Fax: (208) 376-4567

1. Account Information

Account Holder Name: _____ Account No: _____

I have multiple accounts at Mountain West IRA (MWIRA) and would like to authorize this card for all of them.

2. Account Information for Another Individual

Account Holder Name: _____ Account No: _____

This individual has multiple accounts at MWIRA and I would like to authorize this card for all of them.

3. Frequency

RECURRING: I would like this card to be kept on file for the account(s) listed above.

ONE-TIME: I would like this card to be used one-time for the accounts(s) listed above.
One-Time Payment Amount: _____

4. Card Information & Disclosure

Exact Name on Card: _____ Billing Address: _____

Card #: _____ City: _____ State: _____ Zip: _____

Exp. Date: _____ CVV Code: _____

By signing below, you authorize MWIRA to charge the credit/debit card listed above based on the authorization type selected on this form.

One-Time Payment Authorization applies only to the payment amount listed above and does not authorize additional unrelated transactions.

Recurring Payment Authorization will remain in effect until canceled by the authorized cardholder. Advance notice for recurring charges will not be provided.

You may cancel recurring authorization at any time by calling (208) 314-4018 or emailing accountsreceivable@mwira.com.

5. Signature

Cardholder Signature: _____ Date: _____

Remittance Instructions

Please submit your completed form via mail, fax, or PandaDoc to:

Mountain West IRA
13905 W Wainwright Dr
Boise, ID 83713

Fax: 208-376-4567

To safeguard your privacy, please do not submit completed authorization forms via email.