

Credit Card Payment Authorization

Maryland Financial Group, Inc.

2600 Tower Oaks Blvd.
Suite 220
Rockville, MD 20852
P 301.251.8550 F 301.251.8554

Check One (1) and Enter Your Details

- **One (1) Time Charge** – Sign and complete this form to authorize Maryland Financial Group, Inc to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account. Receipts available upon request.

I _____ authorize **Maryland Financial Group, Inc.** to charge my credit card
(Full Name)

for \$ _____ on _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)

- **Recurring Charge** - You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period, for the stated number of installments. An Invoice will be provided to you prior to the charge and the charge will appear on your credit card or bank statement. Receipts available upon request.

I _____ authorize **Maryland Financial Group, Inc.** to charge my Credit Card
(Full Name)

for _____ instalments of \$ _____ on the _____ of each _____
(# of payments) (Amount \$) (day) (week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Securities offered through LPL Financial, Member FINRA/SIPC. Investment Advisory services offered through Maryland Financial Group, Inc., a registered investment adviser not affiliated with LPL Financial.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name _____	
Account Number _____	
Exp. Date _____ / _____	
CVV _____	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment 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 credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

BANK ACCOUNT / CARHOLDER'S SIGNATURE _____

DATE _____