

**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 17<sup>th</sup> 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: \_\_\_\_\_ CARDHOLDER ADDRESS (if other than billing): \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER OF CARD HOLDER (required) \_\_\_\_\_