



CREDIT CARD PAYMENT - AUTHORIZATION FORM

TRANSFER REQUEST

Please note that fees will be charged based on our current Transfer Activity Fee Schedule. For a detailed quote of the fees that will be charged for your transfer request, please submit a request at www.odysseycontact.com in advance of submitting the request.

DATE:

TYPE OF CREDIT CARD:

NAME ON CARD:

CARD NUMBER:

CVV NUMBER (3 DIGIT NUMBER ON BACK OF CREDIT CARD):

EXPIRY DATE:

BILLING ADDRESS:

EMAIL ADDRESS:

NOTES:

AUTHORIZED CARD HOLDER SIGNATURE