



Schedule C Payment Method

Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Checking or Savings Account (ACH) - Please include a voided check if from checking account.

Routing Number

Account Number

Checking

Savings

Visa***

MasterCard***

Discover***

American Express***

Credit Card Number

Expiration Date

***There will be a 1.35% service fee charge for credit cards.

TFS Managed/Brokerage Account via 3rd Party Check – Account Number

Non-qualified account

Qualified Account

(Taxable Event, Penalties May Apply, IRA Distribution Request Form Required)

Payer Signature: _____ Date: _____

Payer Signature: _____ Date: _____

NOTE: Annual payments are no longer accepted due to restrictions on amounts that can be paid in advance.