Suite 200, Flame Tree Plaza

540 Pale San Vitores Road

Tamuning, Guam 96913-4075

Tel: (671) 648-5350

Fax: (671) 648-5373

Takagi & Associates, Inc.

**Date: 3/18/2020**

**Client Name:**

**Address:**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: Account Code #**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Takagi & Associates, Inc. to deduct my monthly payments from my Credit Card as follows:

**\***Type of Credit Card**: Visa**

**\***Credit Card #:

**\***CV (3 Digits on back of card) #:

**\***Expiration Date:

Please deduct the following amounts as indicated.

Amount Date

**\*Please print & sign　 \*Date**