Hub Financial Inc. - Health & Welfare Trust

Set Up Fee - Credit Card Payment Form

Complete this form only if you are paying your set up fee by credit card

It is strongly recommended that this form, once completed be inserted into a separate sealed envelope addressed Attention: FINANCE DEPT. as shown below. This envelope should be included with your Trust Application.

Attention:
FINANCE DEPT.

- **Courier is preferred method of sending credit card information**
- **Credit card information will not be maintained by Hub Financial Inc.**
- **For any question please call 1 (800) 561-2405 Option # 2 (Health & Welfare Trust hotline)**

Company Name: _____

Contact person: _____ Phone# ( ) ____-_____

Broker: _____ Region: ☐ BC ☐ PR ☐ ON

Card Type: ☐ ☐ Please charge $_____ to my credit card

Signature: _____ Date:_____
By signing you agree that the amount specified above will be charged to your credit card

* If payment is rejected, your Health & Welfare Trust application will not be processed

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Card Holder Name (as it appears on credit card):_____

Street Number (as per credit card billing statement):_____

Street Name (as per credit card billing statement):_____

Postal Code (as per credit card billing statement):_____

Card Number: | | | | | | | | | | | | | | | |

Expiry: | | | | Security code: | | |
Month Year (3 digit number on back of the card – usually to the right of the signature strip)