



Payment Authorization Letter

PO Box 9
Cedar City, UT 84721
Phone: 888-328-8008
Fax: 435-867-1042

Part 1 Account Owner Information

NAME (as it appears in your plan)	IRA EXPRESS ACCOUNT NUMBER	ACCOUNT TYPE
EMAIL ADDRESS		PHONE NUMBER

Part 2 General Asset Information

Asset Description (example: real estate address, LLC name, etc)	IRA PERCENTAGE OF OWNERSHIP %
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Part 3 Payment Information

DESCRIPTION OF PAYMENT (choose one)					
<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Insurance	<input type="checkbox"/> HOA Dues	<input type="checkbox"/> Utilities	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Other _____
PAYEE NAME		ACCOUNT NUMBER			
PAYEE ADDRESS		CITY, STATE, ZIP		AMOUNT \$	
INFORMATION/ACCOUNT TO BE REFERENCED ON PAYMENT					
Payment Frequency (Recurring payment will be paid upon receipt of invoice.)					
<input type="checkbox"/> ONE TIME PAYMENT	<input type="checkbox"/> RECURRING PAYMENT	<input type="checkbox"/> REPLACE AN EXISTING RECURRING PAYMENT Name of previous vendor required:		<input type="checkbox"/> CANCEL AN EXISTING RECURRING PAYMENT Name of vendor required:	
This will be a recurring payment to be made:					
<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		<input type="checkbox"/> OTHER:	
DUE DATE:	START DATE:	END DATE:		<input type="checkbox"/> NOTE:	

Part 4 Payment Delivery Information

How would you like IRA Express to make this payment? (Please select one of the options below)

☐ WIRE (Please provide wiring instructions or complete and attach a wiring instructions form)

☐ CHECK or ☐ CASHIERS CHECK (additional fees apply)

Check Delivery Instructions

PAYEE NAME		TELEPHONE NUMBER	
PAYEE ADDRESS	CITY	STATE	ZIP

DELIVER CHECK BY:

☐ REGULAR MAIL ☐ OVERNIGHT MAIL (additional fees apply)



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Part 5 Payment of Fees

How would you like to pay your fees?

☐ Please deduct fees from my IRA Express account. ☐ A check is enclosed. ☐ Please charge my credit card according to the information below.

All fees are due at time of transaction. If no indication is made, fees will be deducted from your un-directed cash balance. Your transaction will not be processed unless sufficient funds are available.

Credit Card Information

CARD TYPE (choose one): ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME AS IT APPEARS ON YOUR CARD

CARD NUMBER

SECURITY CODE

EXPIRATION DATE

BILLING ADDRESS

CITY, STATE, ZIP

By signing below, you authorize your credit card to be charged for the option(s) chosen above. Your request will be processed upon receipt of this form. You understand that inaccurate or incomplete credit card information or charges declined by the credit card issuer will delay the processing of the account transaction. Future changes to the option made above must be submitted in writing.

SIGNATURE

DATE

Part 6 Account Owner Signature & Acknowledgement

I understand that my account is self-directed and that the Administrator serving from time to time (as named in the Custodial Account Agreement or that entity's successor as Administrator and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that Administrator and Custodian do not endorse, approve or recommend any companies, products, services or investments. I acknowledge that I have not requested that the Administrator and/or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that the Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under the Blue Sky Laws or applicable Securities Laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator and/or Custodian were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, subsidiaries, Administrator and/or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties or agreements made by any such person or entity.

I understand that no one at Administrator and/or Custodian, any of its licensees or licensors or franchisees have authority to agree to anything different than my foregoing understandings of Administrator policy. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the Internal Revenue Code, ERISA, Securities Laws or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold administrator or custodian harmless from any claims arising out of this investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code, Securities Laws, or any other applicable federal, state or local laws. I also understand and agree that Administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the Administrator of my account.

I assume all responsibility in ensuring that Administrator and/or Custodian is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE

DATE