



IRA RESOURCES, INC.

Payment Authorization Letter (PAL)

1. ACCOUNT OWNER INFORMATION

Full Name <i>(as it appears on your account application)</i>	Account Number	Account Type <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> HSA <input type="checkbox"/> ESA
Email Address	Daytime Phone Number	

2. ASSET INFORMATION

Name of Asset <i>(example: real estate address, LLC name, etc.)</i>	Percentage of Ownership
	%

3. PAYMENT INFORMATION

Description of Payment <i>(example: mortgage payment, insurance payment, HOA fees, etc.)</i>	Account Number			
Payee Name	Address	City	State	Zip
Information/Account To Be Referenced On Payment	Amount <i>(relevant to percentage of ownership)</i>	Phone Number <i>(required for overnight check delivery)</i>		
	\$			

3.1 Set Up Recurring Payments *(recurring payment will be paid upon receipt of invoice and you will NOT need to complete a PAL for this vendor)*

<input type="checkbox"/> This is a One Time Payment	<input type="checkbox"/> This is a Recurring Payment <i>(complete frequency section below)</i> *property taxes	<input type="checkbox"/> Replace an Existing Recurring Payment <i>Name of Previous Vendor:</i>	<input type="checkbox"/> Cancel an Existing Recurring Payment <i>Name of Previous Vendor:</i>
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3.2 Frequency of Recurring Payment *(check one)*

<input type="checkbox"/> Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
Due Date: _____	Due Date: _____	Due Date: _____	Due Date: _____
Start Date: _____	Start Date: _____	Start Date: _____	Start Date: _____
End Date: _____	End Date: _____	End Date: _____	End Date: _____

***Property tax payments are set up as recurring payment for the amount due for each installment**

Notes:



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4. PAYMENT DELIVERY INSTRUCTIONS

How Would You Like the Funds Delivered? (check one)
1. Wire ACH
Bank Name Bank ABA/Routing Number
Account Name Account Number Reference Number
2. Check Issue A Cashier's Check (overnight delivery is required)
How Would You Like the Check Delivered?
First Class Mail Overnight Delivery Bill to Third Party - Overnight Delivery
FedEx UPS (provide account #):
Mail Check to an Address Different From Payee (enter name below) Phone Number (required for overnight check delivery)
Street Address City State Zip

5. PAYMENT OF IRAR FEES

How Will You Pay for Transaction Fees?
If credit card is declined, fees will be debited from IRA. Transaction will NOT be processed unless fees are paid.
Debit IRAR Account Credit Card (complete credit card information below)
Credit Card Type
Visa Master Card American Express Discover Save this card to my account for future fees
Name As it Appears on the Card Card Number Expiration Date Security Code
Billing Address Billing City Billing State Billing Zip
By signing below, I authorize my credit card to be charged for the option(s) chosen above. I 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



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6. ACCOUNT OWNER SIGNATURE AND ACKNOWLEDGEMENT

Your signature is required. Please ensure that you read and acknowledge the following disclosure before you sign and date this form.

IRAR Trust Company will use its best efforts to make all your payments properly. However, IRAR Trust Company shall incur no liability if it is unable to complete any payments initiated by you because of the existence of any one or more of the following circumstances:

- My account does not contain sufficient funds to complete the transaction;
I have not provided IRAR Trust Company with the correct Payment Account information, or the correct name, address, or account information for the payment.

I understand that my account is self-directed and that IRAR Trust Company is acting solely as a passive custodian to hold retirement account assets and in no other capacity. I acknowledge that this payment request is submitted to IRAR Trust Company under the Individual Retirement Custodial Account Agreement between myself and IRAR Trust Company to pay for expenses related to assets held in my account.

I agree to release, indemnify, defend and hold IRAR Trust Company, and its respective officers, directors, managers, members, employees, agents, owners, representatives, affiliates, and successors harmless from any liability due to the processing of this payment, including but not limited to; amount or date of receipt by payee.

IRAR Trust Company does not provide tax, legal or investment advice. It does not endorse or recommend any agent, company, or specific investment. Any information communicated by IRAR Trust Company is solely for educational purposes and should not be construed as tax, legal or investment advice.

If fees are being deducted from your account, the full amount of the fees must be available before your transaction can be processed. 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.

Table with 2 columns: ACCOUNT OWNER SIGNATURE and DATE. The signature field contains a green arrow icon.

Submission Options

Table with 3 columns: FAX, EMAIL, and MAIL. FAX: (858) 459-6565; EMAIL: forms@iraresources.com; MAIL: IRA Resources, 1000 Broadway, Suite 350, Oakland, CA 94607.