



IRA RESOURCES, INC.

Payment Authorization Letter (PAL)

1. ACCOUNT OWNER INFORMATION

Form section for Account Owner Information with fields for Full Name, Account Number, Account Type, Email Address, and Daytime Phone Number.

2. ASSET INFORMATION

Form section for Asset Information with fields for Name of Asset and Percentage of Ownership.

3. PAYMENT INFORMATION

Form section for Payment Information with fields for Description of Payment, Account Number, Payee Name, Address, City, State, Zip, Amount, and Phone Number.

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)

Form section for 3.1 Set Up Recurring Payments with checkboxes for One Time Payment, Recurring Payment, Replace an Existing Recurring Payment, and Cancel an Existing Recurring Payment.

3.2 Frequency of Recurring Payment (check one)

Form section for 3.2 Frequency of Recurring Payment with checkboxes for Annually, Quarterly, Monthly, and Other, and fields for Due Date, Start Date, and End Date.

Notes section for providing additional information.

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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?

<input type="checkbox"/> First Class Mail	<input type="checkbox"/> Overnight Delivery <i>(additional fee applies)</i>	<input type="checkbox"/> Bill to Third Party - Overnight Delivery	
<input type="checkbox"/> Mail Check to an Address Different From Payee <i>(enter name below)</i>		<input type="checkbox"/> FedEx <input type="checkbox"/> UPS <i>(provide account #):</i>	
Phone Number <i>(required for overnight check delivery)</i>			
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			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
<input type="checkbox"/> 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.