

Credit Card Authorization Form

1. ACCOUNT OWNER INFORMATION

Full Name (as it appears on your account application)	Account Number	Account Type	
		□ Traditional □ Roth □ SEP □ SIMPLE □ HSA □ ESA	
Email Address		Daytime Phone Number	

2. CREDIT CARD INFORMATION

Credit Card Type (complete this section for the options selected below)					
🗆 Visa	🗆 Master Card	American Express	Discover	\Box Save this card to my account	for future fees
Card Number			Security Code	Expiration Date	
Name As it Appears on the Card			Billing Address		
Billing City		Billing State	Billing Zip		

3. FEES CHARGED

Check All That Apply								
□ \$100 Account Establishment Fee	Annual Recordkeeping Fee	Transaction Service Fees						
Make a One-Time Payment and/or Set up Future Payments								
□ One-Time Fee \$ By checking this box, you authorize IRAR to charge your credit card a one-time fee. IRAR will not deduct any future fees from this card	□ Account Protection By checking this box, you are supplying IRAR with your credit card information. You understand that if you do not have sufficient funds in your account, IRAR may apply these fees to your credit card	□ Future Annual and Transaction Fees By checking this box, you authorize IRAR to charge your credit card for future administrative and transaction fees						
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 infor- mation 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

Submission Options

FAX	EMAIL	MAIL
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