

# Payment Authorization Letter

\* Required Fields

## \* 1. YOUR INFORMATION

\* Your Name: \_\_\_\_\_ \* Account Number: \_\_\_\_\_ \* % of Ownership: \_\_\_\_\_ \* IRA Property Address: \_\_\_\_\_

Must select one:  New/Update  Cancel/Revoke

## \* 2. RECURRING INVOICES

Mortgage  HOA  Utilities

Property Taxes (Property taxes are paid annually.)  Insurance  Other

### One-time Invoices

Other: \_\_\_\_\_

 **Do Not use this form to fund a real estate earnest money deposit or closing. Please use a Real Estate Buy Direction Letter.**

## \* 3. PROCESSING INFORMATION

I understand that processing fees are paid from the IRA in which the property/asset is held.

Pay the invoice via:

Wire (\$30 processing fee. Please request an outgoing wire instruction form from our office.)  Check (\$10 check fee. Fill out address below.)

ACH Transfer (\$5 fee) Payee Routing #: \_\_\_\_\_ Payee Bank Account #: \_\_\_\_\_

Owner of Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Pay to: \_\_\_\_\_ Amount: \_\_\_\_\_

Check Memo: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Options:  Standard Mailing (No charge. Please allow 8-10 business days)  Express Mailing (\$30 shipping fee, FedEx Overnight.)

## \* 4. SIGNATURE

I understand that I am to retain all copies of invoices submitted for payment. I confirm that I am directing New Direction Trust Company "NDTCO", Custodian, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment referenced in this Payment Authorization Letter. I understand that I am responsible for ensuring that adequate funds are available in my Account to execute this transaction. I understand that funds in the Account may not be immediately available for use to pay expenses and that all non-certified funds are available 5 business days after deposit to Custodian's bank. Funds are available the day following deposit if received by cashiers check, money order, or bank wire. Recurring payments must be for the amount specified in this Payment Authorization Letter, if designated.

The Custodian, NDTCO, is not responsible or liable for late fees assessed on bills due to unavailable funds, late receipt of an invoice/bill or lack of clear instructions on this Payment Authorization Letter. I understand that in processing this transaction the Custodian is only acting as my agent, and nothing will be construed as conferring fiduciary status on either the Custodian.

I agree that the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses, including reasonable attorney fees, and any loss to my account as a result of any action taken in connection with this investment transaction or resulting from serving as the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me. I understand that no person at the office of the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Payment Authorization Letter and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete. I confirm that I have read and agree with the previous terms and that this payment is for the expenses of the asset held in my plan and does not constitute a prohibited transaction as defined in IRC§ 4975.

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_