

135 Broad Street, Asheville, NC 28801 Phone: (828) 257-4949, Fax (828)257-4948 Email: allforms@AmericanIRA.com

Payment Authorization Form



1 Account Information						
Your Name:					Account Number:	
How would you like this transaction processed?						
2 Asset Description						
IRN/Asset Description/Property Address:					Percentage of Ownership:	
3 Payment Description						
Amount to be Paid:		Type of Expense:				
Payment Beginning Date:		☐ Taxes ☐ Insurance ☐ Mortgage ☐ Utilities ☐ Homeowner Association Dues				
		□Other:				
Payment End Date:		Frequency of Payment:				
		☐ As Invoiced ☐One Time ☐ Monthly ☐ Quarterly ☐ Annually				
4 Funding Instructions Please send the funds via: Wire ACH CHECK						
For WIRE(\$30) or ACH(\$10) – Please complete the info below For CHECK – Please complete the info below						
	Bank Name		ABA Routing Number:		Check Payable To:	
I am attaching						
Wire	Bank City and State:			Mail (Mail Check to:	
Instructions provided by the						
closing agent	Account Ho	older Name:	Account Number:	Addre	ess:	
DO NOT						
COMPLETE	Address:			City,	State, Zip:	
NEXT						
SECTION	City, State, Zip:				Send Check Via:	
				☐Regular Mail ☐Overnight Mail ☐Certified Mail		
5 Signatures and Acknowledgement						
					view, and retention of all investments in my account. I	
agree that the Custodian and Administrator are not a fiduciary for my account, as the term is defined in the IRC, ERISA, or any other applicable federal, state, or local laws and this payment does not constitute a prohibited transaction as defined in IRC 4975. I acknowledge and confirm that I have received, read and						
understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and conditions contained therein. I direct						
American IRA, LLC to execute the payment of the above-referenced expenses for the benefit of my account. I agree to hold American IRA, LLC harmless from any						
liability for any loss, damage, injury or expense which may occur as a result of the execution of this payment authorization form, a facsimile, electronic or other						
form of this request may be submitted if acceptable to the custodian. I understand that American IRA, LLC will have a reasonable amount of time to complete my instructions. I understand that if my request would cause my account to drop below the required minimum account cash balance, the request will not be						
	•	•			um account cash balance, the request will not be ns, which may cause delays if I cannot be reached at the	
phone number liste	, ,	••••	, ,		, , , , , , , , , , , , , , , , , , , ,	
	•				er acknowledge that I have read and consent to the terms	
of the New Account Application, Custodial Agreement (Form 5305, 5305-A, 5305-RA, 5305-SA, 5305-SEP, 5305-C or 5305-EA, as application, "collectively referred to as "5305" or 401K Plan Agreement ("Sponsored Plan") as applicable, Fee Schedule, Account Disclosure Statement and any other documents that govern my						
Custodial Account or Sponsored Plan, as such documents are currently written, or as they may be amended from time to time, (the "Documents"), which are						
incorporated by reference herein. (In the event of a conflict between the Documents and the 5305 and/or Sponsored Plan applicable to my Custodial Account, the 5305 or Sponsored Plan shall govern).						
Signature: Date:						
Please note we will retain enough cash in your Custodial Account to maintain your minimum required balance, and to cover any investment-related fees or any unpaid fees before sending your requested amount. If there are insufficient funds to cover the minimum balance and/or fees, your request will be put on hold until sufficient funds are available.						