



AMERICAN IRA

Self-Directed IRAs and 401ks

Payment Authorization Form

One-time and Recurring Expenses



Do not use this form to fund a real estate earnest money deposit or closing. Please use the Real Estate Investment letter.

Normal Processing (4-5 business days)

Next-Day Processing (\$50)

1. ACCOUNT INFORMATION



Please keep in mind your account can only pay the percentage it owns.

Your Name: _____ Account Number: _____

Asset Incurring the Expense^(RE*1234): _____ Percentage of Ownership: _____

Your Address/City/State/ZIP: _____

2. PAYEE INFORMATION



I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction.

Amount: \$ _____ Check if you would like an ACH or Wire and submit the outgoing wire form.

Mailing Option: Regular mail Certified^(\$10) Overnight ^(\$20, plus shipping costs) Pick up

Description of payment: _____



A bill or invoice must be attached to this form. If not, the check will be mailed to the IRA account owner.

Make check payable to: _____

Address/City/State/ZIP: _____

(If this payment should be mailed to someone other than the payee, please enter the mailing information below)

Name: _____

Address/City/State/ZIP: _____

*Payments above \$5,000.00 require an invoice attached.

3. REQUEST TO SETUP AUTOMATIC PAYMENT (ONLY if applicable)

REAL ESTATE TAXES CAN NOT BE SET UP ON RECURRING PAYMENTS.

Frequency: (select one) Monthly Quaterly Annually

Date of the month to be paid: (select one) 1st 10th 20th

Starting date of payments: ___/___/___ Ending date of payments: ___/___/___

4. AUTHORIZATION

My account is self-directed and I, alone, am responsible for the selection, due diligence, management, review, 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 processed. American Ira, LLC may contact me for verbal confirmation of my expense payment instructions, which may cause delays if I cannot be reached at the phone number listed on file.



Check if limited power

Date: _____

Signature: _____

Submit to: American IRA, LLC 137 Broad Street, Asheville NC 28801 / fax: 828-257-4948 / email: fundings@americanira.com