

# EXPENSE PAYMENT AUTHORIZATION FORM

Use this form to pay for an expense related to an asset held in your account.



## 1. ACCOUNT INFORMATION

Account Owner Name	iPlanGroup Account Number
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## 2. ASSET AND EXPENSE INFORMATION

Asset Reference Number (ARN) or Asset Description	Description of Payment (Mortgage, Utilities, Repairs, Taxes, HOA Fees etc)
Information to be Referenced on Payment (Account Number, Parcel Number, etc.)	

## FREQUENCY OF PAYMENT

ONE TIME PAYMENT       RECURRING PAYMENT       MONTHLY       QUARTERLY       YEARLY

Date Payment is to be Sent

Date to Send First Payment

## 3. EXPENSE PAYMENT INSTRUCTIONS

SEND FUNDS BY CHECK:       Regular Check       Cashier's Check (\$30.00 Fee)

Please Note, Cashier's Checks must be sent via a trackable shipping method, such as Overnight Mail.

### DELIVERY METHOD:

Regular Mail       Overnight Mail (\$10.00 Fee Plus Cost)       Pickup at iPlanGroup Location

Make Check Payable to	Mail Check to	Total Payment Amount			
Address	Suite/APT #	City	State	Zip Code	

SEND FUNDS BY WIRE (\$30.00 Fee)       SEND FUNDS BY ACH (\$5.00 Fee)

Bank Name	Total Payment Amount	
ABA Routing Number	Account Number	For Credit to (Account Name)

## 4. PAYMENT OF FEES (If applicable)

Please indicate below how you would like to pay for any fees associated with this transaction.

Debit fees from my account       Check Enclosed       Charge New Credit Card\*

\*Please note: If selecting the Charge New Credit Card option, you must complete, sign and attach the Credit Card Charge Form along with this form.

## 5. AUTHORIZATION AND SIGNATURE

By signing below, I hereby acknowledge that I have read, understand and agree to the terms and conditions as set forth in the applicable Custodial Agreement Disclosure Statement and New Account Application. Furthermore, I have read the iPlanGroup Fee Schedule and accept the terms and conditions contained therein and (if applicable) I am authorizing IRA Plan Partners, LLC DBA iPlanGroup to charge applicable account fees to the credit card listed on the Credit Card Authorization Form.

### Account Owner Authorization and Signature

<b>X</b>	Print Name	Date
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