



3 East Stow Road, Marlton, NJ 08053
Ph 856.702.6845; Fax 856.702.6945
www.capitalira.com

PAYMENT AUTHORIZATION FORM

This form is to be used to authorize Capital IRA to fund an investment purchase or to pay an expense or charge. If you are purchasing a new property, you must also submit a Real Estate Purchase Direction Form and a Real Estate Purchase Checklist.

Capital IRA requires at least 5 business days for payment processing. Please submit this form within sufficient time of the payment due date to allow for processing and mail delivery. Expedited processing is available at an additional charge.

Account Holder Information

Your Name: _____
Capital IRA Account Number: _____
Your Telephone Number: _____
Your Email: _____

Payment Information

Amount of Payment: \$_____ (Fixed) or \$_____ (Variable)*

**(If payment is an ongoing variable amount, you are responsible to notify Capital IRA of the exact amount each time payment is due. No recurring payment will be made until Capital IRA receives notification of the new amount)*

Purpose of Payment: _____

Frequency of Payment (check one):

One Time Weekly Monthly Quarterly Annually Other (explain below):

Payee Name: _____
Payee Address: _____
Payee Telephone: _____
Payee Fax: _____
Reference or Account Number: _____



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Payment Authorization Form (Page 2)

Payment Type (check one): Wire Check

If Wire:

Payee Bank Name: _____
Payee Bank Address: _____
Payee Bank Telephone: _____
Payee Bank ABA/Routing #: _____
Payee Bank Account Number: _____
Payee Bank Account Name: _____
Other Wiring Instructions: _____

If Check:

Payee Name: _____
Payee Address: _____
Payee Telephone: _____
Payee Fax: _____
Payee Account or Reference #: _____
Other Check Payment Instructions: _____

Manner of Payment (check one):

- Pickup at Capital IRA by: _____ (Signature required on pickup)
- Mail Check to Payee at above address
- Mail Check to another address (please provide below):

- Overnight Mail (overnight charges will apply – we cannot overnight mail to a PO box)

Account Holder Authorization

This authorization must be signed either by the Capital IRA Account Holder or by a Designated Representative on file and approved by Capital IRA.

Capital IRA will not review the merits, appropriateness or suitability of your investment or any payments made or income received by your self-directed IRA. It is your responsibility to review any investment and payments to ensure compliance with applicable law. Capital IRA is not a fiduciary of your IRA.



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Payment Authorization Form (Page 3)

I hereby authorize the payment(s) as described above. I agree to release, indemnify, defend and hold Capital IRA harmless from any claims of any nature whatsoever arising from this investment or payment authorization, including but not limited to any claim that this payment is a prohibited transaction under

applicable law. Capital IRA is not responsible for any default or failure of the IRA owner to direct proper payments, and it is not responsible to determine when, where or how such payments should be made or applied. Capital IRA does not automatically make any payments from your account or deduct any funds unless authorized to do so by a properly signed Payment Authorization Letter and is not responsible to notify you of any payments due or accruing. As a self-directed IRA owner, you are solely responsible to direct your IRA investment.

Capital IRA is not responsible for verifying the correct address, account number or wiring instructions of any payment or payee and will rely solely on the information provided by you. This Payment Authorization and the rights, obligations and responsibilities of Account Holder and Capital IRA herein are further subject to the terms of the Account Application and Custodial Agreement and with all applicable law.

By signing this letter, you agree to the foregoing and direct Capital IRA to complete the transaction as described. Unless other arrangements are made in writing, applicable fees will be deducted from your account at the time of the transaction. This Payment Authorization letter shall continue in force and effect until and unless revoked or changed in a properly signed written instrument.

AUTHORIZED BY:

Print Name:

Signature (Required)

Date: _____

I am (check one) Account Holder Designated Representative