



Expense Payment Request Form

Required: submit a copy of the invoice, statement, or bill with this request to expenses@iraclub.com

For support, call (312) 795-0988. Office hours are Monday-Friday, 9:00 AM – 4:00 PM. Find information online at www.iraclub.com

1. ACCOUNT OWNER

FIRST AND LAST NAME	IRA CLUB ACCOUNT NUMBER	PHONE NUMBER
---------------------	-------------------------	--------------

2. EXPENSE INFORMATION

PROPERTY ADDRESS & PARCEL NUMBER IF AVAILABLE	CITY, STATE, ZIP CODE
---	-----------------------

Purpose of Payment:

- Property Taxes
 Insurance
 Mortgage
 Utility
 HOA Fees
 Maintenance & Repairs
 Other: _____

What percentage of this property does the IRA own? (if other than 100%)

%

3. PAYMENT INFORMATION

PAYMENT AMOUNT \$	DATE DUE
-------------------	----------

- Online Bill Pay / Electronic Funds Transfer (\$15) ***instructions must be on the invoice submitted**
 Check via Regular Mail (\$15) Check via FedEx Overnight (\$15 + cost)

MAKE CHECK PAYABLE TO
MAILING ADDRESS, CITY, STATE, ZIP

- Wire Transfer (\$35)

CREDIT ACCOUNT NUMBER	ABA ROUTING NUMBER
CREDIT ACCOUNT NAME	RECEIVING BANK NAME
CREDIT ACCOUNT HOLDER ADDRESS	BANK PHONE NUMBER
REFERENCE / MEMO	

4. PAYMENT FREQUENCY

- One- Time Payment
 Monthly
 Quarterly

If monthly or quarterly:

START DATE	DAY OF MONTH
------------	--------------



4. PROCESSING FEES

Deduct from Account Credit Card

CREDIT / DEBIT CARD NUMBER	EXPIRATION DATE	CVV CODE
----------------------------	-----------------	----------

5. AUTHORIZATION AND SIGNATURE

By signing this request, I authorize IRA Club to make the above captioned payment. I agree to release, indemnify, defend, and hold IRA Club harmless for any adverse claims arising out of this request. I attest that this payment does not constitute a prohibited transaction as defined by IRS Regulations.

Sign Here

ACCOUNT OWNER'S SIGNATURE	DATE SIGNED
---------------------------	-------------