



## Expense Payment Request

### Important Information

This form is to be completed by an Account Owner who wishes to make an expense payment for an asset held by their Account. A bill or invoice **MUST** be attached to this form. Directed IRA reserves the right to request additional supporting document for any request.

### Processing Options

Select an option below. If no option is selected, Directed IRA will process your request as normal (within 3 business days). I understand that if my account does not have sufficient funds, my transaction may not be processed. Processing cannot begin until all Investment Documents have been received and determined to be in good order.

- Next-Day Service (\$150) – Must be received by 4pm MST     Same-Day Service (\$250) – Must be received by 10am MST

### 1. Account Owner Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Directed IRA Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

### 2. Payment Description

I authorize Directed IRA to use the specified funds from my custodial account and send a check, wire transfer, or ACH as indicated below for the amount to the payee indicated below. I acknowledge that this authorization is for payment related to the asset held in my Account and that this payment does not constitute a prohibited transaction.

For Asset Name: \_\_\_\_\_

Payment Purpose: (select one)

- Mortgage     Earnest Money     Property Taxes     Insurance     HOA Fees     Utilities  
 Maintenance / Repairs     Professional Services     Other \_\_\_\_\_

### 3. Payment Information (A copy of the bill or invoice **MUST** be included)

**IMPORTANT:** You must have sufficient funds available in your account to cover the payment amount plus any transaction fees, outstanding fees, and your minimum balance requirement. Having insufficient funds will delay your payment request.

Amount to be Paid \$ \_\_\_\_\_  Recurring Payment paid, "As Invoiced"  
Payable to: \_\_\_\_\_ Check Memo or Reference Information: \_\_\_\_\_

Please select option A or B below:

- A.  Check

Make Check Payable To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Delivery:**  Regular Mail (7-10 business days)     Priority Mail (2-3 business days) (\$15.00)     Overnight Mail (\$35.00)

B.  Electronic Funds Transfer

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Reference Number: \_\_\_\_\_ Funding Deadline: \_\_\_\_\_

Delivery:  Wire  ACH Account Type:  Checking  Savings

\*Routing Number may differ depending on selection

**4. Payment Frequency**

One-Time  Monthly  Quarterly  Annually  As Invoiced Day of the month to be paid: \_\_\_\_\_

Date to begin payment (MM/DD/YY): \_\_\_\_\_ Date to end payment (MM/DD/YY): \_\_\_\_\_

*\*If requesting recurring payments with amounts subject to change, check box, recurring Payment paid, "As Invoiced" in section 3 above.*

**5. Authorization**

I authorize Directed IRA to make the payment outlined above. I agree to release, indemnify, defend, and hold Directed IRA harmless for any claims arising out of this payment. This includes, but is not limited to, claims that this payment is not prudent, proper, legal, or diversified. I also understand and agree Directed IRA will not be required to take any action should the investment noted herein become subject to default, or loss due to fraud, insolvency, bankruptcy, or other court order or legal process. This payment is further subject to all terms and conditions of the Account Owner's Custodial Agreement within Directed IRA and all applicable State and Federal laws. I understand the prohibited transaction rules and I attest that this request does not cause a prohibited transaction. Please note electronic signatures on the Direction of Investment form must include the electronic signature Certification page or Certification Stamp. If one is not included we will not be able to process the Direction of Investment Form.



\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

**INVESTMENTS: NOT FDIC INSURED ■ NO GUARANTEE ■ MAY LOSE VALUE**

<a href="http://www.directedira.com/secureupload">Secure File Upload</a>	Email Forms to: <a href="mailto:Investments@directedira.com">Investments@directedira.com</a>	Send Mail to: 3033 N. Central Ave. Ste. 415 Phoenix, AZ 85012	Phone: (602) 899-9396 Fax: (602) 899-9641
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Directed IRA is a tradename of Directed Trust Company, an Arizona Corporation