

# Payment Authorization

**PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING AFTER COMPLETE DOCUMENTATION IS RECEIVED**

Same day checks or 3-day service is available for an additional fee. Incomplete paperwork may delay processing & incur additional fees.

NAME ON ACCOUNT \_\_\_\_\_

MIRA ACCOUNT # \_\_\_\_\_ CUSIP (If Known) \_\_\_\_\_ % OWN \_\_\_\_\_

PROPERTY ADDRESS (If Applicable) \_\_\_\_\_

EMAIL TO

**Payments@MidAtlanticIRA.com**

MidAtlantic IRA, LLC  
118 West Church Street  
Frederick, Maryland 21701

240/575.3880 office  
301/695.6244 fax

www.MidAtlanticIRA.com

## TYPE OF BILL

**Submit a separate Payment Authorization(PA) for each bill, account & asset**

- Mortgage\*\*     Property Taxes     HOA/Condo Fees  
 Insurance     Utilities     Improvements to Property  
 Capital Call     Other: \_\_\_\_\_

ONE TIME PAYMENT of \$ \_\_\_\_\_

REPETITIVE PAYMENT AUTHORIZATION (RPA)  
*(required for bills sent direct to our office - there is a \$10 PA request fee if an RPA is not on file)*

begin date \_\_\_\_\_ end date \_\_\_\_\_

PAY BILL     Monthly     Quarterly     Annually  
 As Invoiced     Specific amount \$ \_\_\_\_\_

### \*PERSONALLY or OTHER OWNED PROCEDURE

If a check for payment of the "personal /other share" is not included with PA, we will mail check for the "IRA/401(k) share" along with the bill payment stub to the "Designated -personal/other owner." They will be responsible for forwarding the full payments onto the vendor. Future bills where MIRA checks are outstanding or personal share not paid will not be processed until previous payments are accounted for.

### I HAVE VERIFIED THE FOLLOWING INFORMATION:

- Invoice/Contract is in Name of Retirement Account  
*MidAtlantic IRA, LLC FBO "your name" IRA -- (if multiple owners, "one name et al IRA")*  
 Detailed invoice shows work or services provided  
 If a CAPITAL CALL - Included letter from Managing Member/Corp official w/details  
 Service Location clearly indicated (must match Property Address - if Real Estate asset)  
 Funds are available in account to pay this bill (you can check online 24/7)

### PLEASE READ

I understand that my account is self-directed and that the Administrator named in the disclosure statement received when the account was established will new review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. I acknowledge that I have not requested that my administrator provide, and administrator has not provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that the administrator does not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that no one at MidAtlantic IRA, LLC has authority to agree to anything different than my forgoing understandings of MidAtlantic IRA, LLC policy. I understand that the administrator is not a fiduciary for my account as such term is defined by the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend and hold harmless from any claims arising out of their investment, including, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that administrator will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision

VENDOR NAME \_\_\_\_\_

MAIL TO     Address Below     Address on Invoice

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Apt \_\_\_\_\_

APT/SUITE # \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

### PROCESSING & SHIPPING OPTIONS (check one in each column)

PROCESSING TIME	PAY VIA	SHIPPING
<input type="checkbox"/> Standard (5-7 days)	<input type="checkbox"/> Check - \$10	<input type="checkbox"/> USPS
<input type="checkbox"/> Rush - Three(3) days - \$25	<input type="checkbox"/> ACH - \$10	<input type="checkbox"/> UPS Ground - min \$25
<input type="checkbox"/> Rush - Same Day - In By 10am - \$100	<input type="checkbox"/> Wire - \$30	<input type="checkbox"/> Overnight - min \$45
	<input type="checkbox"/> Certified Check - \$50	

**ADDITIONAL FEES** We are not bookkeepers so we process "Payment Authorizations" as they are received - not by due dates (except RPA's on file). We will notify you once, at no charge, for missing/incorrect docs or NSF. There is a \$10/fee for each follow up thereafter. We follow up only once a month. It is your responsibility to notify us when monies have been deposited to pay a bill. If a check is not cashed within 90 days, you will be charged \$45 /stop payment. **PAYMENT OF FEES** Fees will be paid per your "Payment of Fees" Form. A valid "Payment of Fees" form must be on file at all times.

to pay for this asset is in accordance with the rules of my account, and I agree to hold harmless and without liability the administrator of my account.

I assume all responsibility in ensuring that administrator is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers.) This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to administrator.

**I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.**

SIGNATURE     Owner of IRA/401(k)     LPOA - Limited Power of Attorney

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY** Signature Verified

by \_\_\_\_\_ date \_\_\_\_\_