

Payment of Fees

*A Valid Credit Card must be on file for all accounts.
I understand I may change my payment method with 15 business day notice
and that I need to fill out a new Payment of Fees form.*

Please FAX or MAIL to:

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

240/575.3880 office

301/695.6244 fax

CHOOSE ONE

Charge Credit Card / Please charge ALL my fees to the credit card below, I acknowledge it is my responsibility to update my credit card if it becomes expired or is no longer valid. I understand that you will deduct any unpaid fees from my IRA or 401(k) accounts if the credit card is declined or invalid and that a \$25 fee will be incurred if the credit card is declined and there are no monies available in my IRA account.

Deduct Fees from my IRA, 401(k) or Ind(k) Account(s) / I prefer my fees to be deducted from my IRA, 401(k) or Ind(k) account(s) I have with MidAtlantic IRA, LLC. I understand I MUST STILL have a valid credit card on file and that this credit card will ONLY be charged if there is NOT enough money in my IRA or 401(k) account(s) to pay for my fees. I acknowledge a \$25 insufficient funds fee will be incurred if there are not enough funds in my account and I do not have a valid credit card on file.

Name of 401(k) or Ind(k) (if applicable) _____

Annual Plan Fees (for 401(k)/Ind(k) only) - deduct from Account # _____

Name of Account Holder _____

MidAtlantic IRA, LLC Account # (s) _____

CREDIT CARD INFORMATION (REQUIRED - SEE ABOVE)

Mastercard Visa American Express Discover

Card # _____

Expiration Date ____ / ____ **3-Digit Code on Back of Card or 4-digit on front (if AMEX)** _____

Name as it Appears on Card _____

Billing Address _____

CC Holder Signature _____ **Date** ____ / ____ / ____