

# Payment Authorization

## MidAtlanticIRA Self-Directed Retirement Choices

PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING  
Same day checks or 3-4 day service is available for an additional fee  
Incomplete paperwork will delay processing & additional fees may be incurred

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

Please FAX, MAIL or EMAIL to:

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

(Send only ONE way to avoid duplicate payments)

OTHER OWNERS  MIRA Client(s) \_\_\_\_\_

MidAtlantic IRA, LLC

Personally Own\* \_\_\_\_\_  Other\*: \_\_\_\_\_

125 South Carroll Street, Suite 250  
Frederick, Maryland 21701

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

payments@MidAtlanticIRA.com

Invoice/Contract attached  Invoice/Contract mailed direct to MIRA  Contract on file w MIRA

240/575.3880 x208 office

### I HAVE VERIFIED THE FOLLOWING INFORMATION:

301/695.6244 fax

- Invoice/Contract in Name of IRA - *MidAtlantic IRA, LLC FBO "your name" IRA -- (if multiple owners, "one name et al IRA")*
- Detailed invoice shows work or services provided
- Service Location clearly indicated (*must match Property Address - if Real Estate asset*)

### I AUTHORIZE & DIRECT MIDATLANTIC IRA, LLC TO PAY THE FOLLOWING BILL

*It is client responsibility to know if there are sufficient funds in the account to pay bills. Balances can be checked Online 24 hrs a day. PER IRS REGULATIONS - ALL EXPENSES RELATED TO THE IRA, MUST BE PAID BY THE IRA.*

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

MAIL TO:  Address Below  Address on Invoice

### SELECT ONLY ONE (We need separate payment authorizations for each bill)

- Mortgage\*\*  Property Taxes  Homeowner Association/Condo Fees
- Insurance  Utilities  Improvements to Property  Other: \_\_\_\_\_

\*\*Mortgages are paid on the first business day of the month, unless other arrangements are made in writing.

In Care of \_\_\_\_\_

ADDRESS \_\_\_\_\_

### THIS IS A

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

REPETITIVE PAYMENT AUTHORIZATION

I authorize you to automatically pay the bills from this vendor in Full when due

Monthly  Quarterly  Annually \$ \_\_\_\_\_

As Invoiced

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

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

### FEES MUST BE PAID AT TIME OF TRANSACTION (check all that apply)

- Pay by Check - \$5  Rush - Same Day - In By 10am - \$50
- Pay by Wire - \$30  Rush - 3-4 days - \$25
- (INCLUDE Wire Instructions)  Overnight - domestic - \$35
- Pay by Certified Check - \$50  UPS Ground - \$17.50

**PAYMENT OF FEES** Fees will be paid per the selection you made on your "Payment of Fees" Form. We will need a valid "Payment of Fees" form on file to process this Payment Authorization.

### \*\*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 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.*

**ADDITIONAL FEES** We will notify you via email if there is missing/incorrect documentation or NSF. We will follow up one additional time at no charge. There is a \$5/fee for each follow up thereafter. Checks not cashed after 60 days will be processed as a stop payment (\$30/account). Your account will be charged accordingly.

### 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 now 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

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  LPOA

SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_

FOR OFFICE USE ONLY *Signature Verified*

by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_