



# Expense Payment Request Form

Required: submit a copy of the invoice, statement, or bill with this request to [expenses@iraclub.com](mailto: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](http://www.iraclub.com)

## 1. ACCOUNT OWNER

FIRST AND LAST NAME	IRA CLUB ACCOUNT NUMBER	PHONE NUMBER
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## 2. EXPENSE INFORMATION

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

%
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## 3. PAYMENT INFORMATION

PAYMENT AMOUNT \$	DATE DUE
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- 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
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#### 4. PROCESSING FEES

Deduct from Account     Credit Card

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