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Monthly Recurring Investment Expense Authorization Form

Completed by IRA Account Owner

PTC IRA Account Number

The Monthly Recurring Investment Expense Authorization Form will be processed as directed by the IRA Account Owner unless otherwise notified in writing of a change or discontinuation.

SECTION 1 | IRA Account Owner Information

First Name Initial Last Name
 SSN DOB (MM/DD/YY) Email
 Phone Number Cell Phone Number

SECTION 2 | Investment Information

Preferred Trust Company requires a **photocopy of an invoice/authorization** for services/goods related to the asset to be attached to this form to be processed.

Name of Investment Asset
 % of Ownership of Real Estate
 (This is only relevant to real property ownership.)

SECTION 3 | Payment Direction Information

Payment Amount Information (Select the option that meets your request for recurring payments.)

Total Amount to be Paid % of Income Earned on Investment to be Paid

Check Payee Instructions

Check Payee Name

Check Mailing Instructions

Mail to Address
 City State Zip Code

Direct Deposit Instruction: If you select **Direct Deposit**, Preferred Trust Company requires a copy of a **voided check** to confirm the bank account and routing numbers before the invoice can be processed. If the information provided is inaccurate your IRA account will be assessed a \$30.00 fee for a returned payment.

Banking Institution Name Name on Account
 Bank Account Number Routing Number **Account Type** Checking Savings

SECTION 4 | Signature

By signing below I acknowledge that on the 1st business day of each month the payment as defined on the Monthly Recurring Investment Expense Authorization Form will be processed by Preferred Trust Company, unless I otherwise notify Preferred Trust Company in writing of a change or discontinuation.

Signature of IRA Account Owner Date
 Signature of Custodian Date