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Investment Expense Authorization Form

Completed by IRA Account Owner

OUR GOAL IS TO EXCEED YOUR EXPECTATIONS.

Please select the processing method you prefer:

- Normal Processing** | No additional charge. Processed within 3 to 5 business days.
- Expedited Processing** | An Expedited Processing Fee of \$200.00 will be charged to your IRA Account for same day processing if remitted by 10:00 am (PST).

PTC IRA Account Number

SECTION 1 | IRA Account Owner Information

First Name Last Name Last 4 Digits of SSN DOB (MM/DD/YY)
 Daytime Phone Number Email Address

SECTION 2 | Asset Information

Property Address or Investment Name Relevant % of Ownership to Property %
 Total Amount to be Paid Preferred Trust Company requires a **photocopy of an invoice** for services/goods related to the asset to be attached to this form to be processed.

SECTION 3 | Payment Delivery Options and Direction

For your convenience Preferred Trust Company offers three options when paying invoices; mailing a check, Automatic Clearing House (ACH), or a wire. Each option below defines the approximate delivery time frame you should consider when making your selection.

- Mail Check** | 5 to 7 business days **NOTE:** If check is the option selected it should be noted that Preferred Trust Company will send the check to the address on the invoice unless you complete the **Special Delivery Instructions** below.

Check Payee Name Special Delivery Instructions

***Direct Deposit/Wire Instruction:** If you select **Direct Deposit or Wire**, Preferred Trust Company recommends sending a copy of a **VOIDED** check or wire instructions from the financial institution to confirm the bank account and routing numbers before the expense is processed. If this is not provided, Preferred Trust Company cannot be held accountable for inaccurate banking information provided and if applicable your account will be assessed a \$30.00 fee for a returned payment.

- Direct Deposit*** | 2 business days (No additional fee for Direct Deposit.)

Name of Financial Institution Account Type Checking Savings
 Name on Account Bank Account Number Routing Number

- Wire*** | 1 business day (A \$30.00 wire fee will be assessed from your IRA Account.)

Name of Financial Institution Account Type Checking Savings
 Name on Account Bank Account Number Routing Number

SECTION 4 | Acknowledgement

By signing below you authorize Preferred Trust Company as Custodian to process the Investment Expense Authorization Form.

Signature of IRA Account Owner Date

INTERNAL USE ONLY

Verified
 (Initials and Date)