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

## 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.

Property Address or 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  %

**Payment Delivery Instructions** (Select the option of Check or Direct Deposit.)

### CHECK

Check Payee Name

All checks will be sent to the address on the invoice provided unless, the **Special Delivery Instructions** below instructs Preferred Trust Company differently.

Special Delivery Instructions

### DIRECT DEPOSIT

**Direct Deposit Instructions** Preferred Trust Company recommends sending a copy of a **VOIDED** check to confirm the bank account and routing numbers before the expense is processed. If a voided check 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.

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

### INTERNAL USE ONLY

Verified (Initials and Date)