



# Payment Authorization Letter

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## ACCOUNT HOLDER INFORMATION

|             |  |
|-------------|--|
| Your Name:  | Account Number:  |
| Asset Name: | Percentage of Ownership (if not specified, 100% will be paid): |

## PLEASE PAY THE FOLLOWING INVOICE

Payment of:

|          |                |           |           |
|----------|----------------|-----------|-----------|
| Mortgage | Property Taxes | Insurance | Utilities |
| HOA dues | Other: _____   |           |           |

Frequency of payments (If not specified, this will be processed as a one-time payment):

|               |             |         |           |
|---------------|-------------|---------|-----------|
| One Time      | As invoiced | Monthly | Quarterly |
| Semi-Annually | Annually    |         |           |

Amount to be sent: \_\_\_\_\_ or Amount as invoiced

## PAYMENT INFORMATION

Pay the invoice via:

Wire (\$30 processing fee. Please include outgoing wire instructions)

ACH Transfer (\$5 fee. Please provide instructions)

Check (\$5 fee) Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_

Mailing Options:

|   |  |
|---|--|
| United States Postal Services (No Charge) | Overnight Mail (\$35 fee, FedEx Overnight) |
|---|--|

## AUTHORIZATION:

I am directing the Administrator to complete the transaction(s) as specified above. I agree to indemnify and hold harmless the Administrator and the Custodian from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken in connection with any payments covered by this Payment Authorization Letter. I assume all responsibility for ensuring that the Administrator is provided with full payment instructions (including, but not limited to, payment amounts, due dates, addresses of payees and account numbers). I understand that if this Payment Authorization Letter and any accompanying documentation are not received as required, or, if received, are unclear in the opinion of the Administrator, or if there is insufficient Undirected Cash in my account to fully comply with my instructions to pay the bills and all fees, the Administrator may not process this transaction until proper documentation and/or clarification is received, and the Administrator will have no liability for late fees or loss of income. 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.

### AUTHORIZED BY:

Account holder  
Limited power of attorney

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date