



**QUEST TRUST**  
C O M P A N Y

# Payment Authorization Letter

**Quest Trust Company**  
17171 Park Row, Suite 100  
Houston, TX 77084  
P: 800.320.5950  
F: 281.646.9701  
Documents@QuestTrust.com

A separate form must be completed per account.

## ACCOUNT HOLDER INFORMATION

Name:	Quest Account Number:
Account Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> HSA <input type="checkbox"/> ESA	

## INVESTMENT INFORMATION

Property Address/Asset Description:	Percentage of Ownership (if not specified, 100% will be paid):
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## EXPENSE INFORMATION

<b>TYPE OF EXPENSE:</b>		
<input type="checkbox"/> Mortgage (Lender):	<input type="checkbox"/> Property or UBIT Taxes (Taxing Authority):	
<input type="checkbox"/> Insurance (Company):	<input type="checkbox"/> Homeowner Association Dues (HOA Name):	
<input type="checkbox"/> Utilities(Provider):	<input type="checkbox"/> Other:	
Amount to be Paid: _____or Amount as invoiced	<input type="checkbox"/> <b>This is a high priority expense</b>	
Frequency of Payments: <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> As Invoiced	Payment Beginning Date:	Last Payment Date:
Special Instructions:		

## FUNDING INSTRUCTIONS

Note: Payment requests submitted via the client portal (expense pay) will not be charged check fees.

Process this payment via    Check (\$5)    ACH (\$5)    Wire (\$30)    Cashier's Check (\$10)

<b>FOR ACH/WIRE</b>		<b>FOR CHECK</b>
Name of Bank:	Account Name:	Make Check Payable to:
ABA/Routing Number:	Account Number:	Mail Check to:
For Further Credit to:	Send Check via:    Regular Mail    Overnight Mail (\$35) Hold for pickup    Houston office    Austin office    Dallas office	

## SIGNATURE

I am directing Quest Trust Company, as Custodian, to complete the transaction(s) as specified above. I agree to indemnify and hold harmless 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 Custodian 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 Custodian, or if there is insufficient Undirected Cash in my account to fully comply with my instructions to pay the bills and all fees, the Custodian may not process this transaction until proper documentation and/or clarification is received, and the Custodian 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.

Prepared By:

Account Holder	_____	_____
Limited Power of Attorney	Signature	Date