

Payment Authorization Letter

A separate form must be completed per account.

ACCOUNT HOLDER INFORMATION

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

INVESTMENT INFORMATION

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

TYPE OF EXPENSE:

<input type="radio"/> Mortgage (Lender):	<input type="radio"/> Property Taxes (Taxing Authority):
<input type="radio"/> Insurance (Company):	Use Tax Statement for FMV. <input type="radio"/> Yes, I authorize Quest Trust Company to use the tax statement provided with this payment request to satisfy my annual FMV for the stated tax year. <input type="radio"/> No, I do not authorize Quest Trust Company to use the tax statement provided. I will provide separate documentation to satisfy my annual FMV.
<input type="radio"/> Utilities(Provider):	
<input type="radio"/> Other:	
<input type="radio"/> UBIT Taxes:	<input type="radio"/> Homeowner Association Dues (HOA Name):
Amount to be paid: _____ or <input type="radio"/> Amount as invoiced	<input type="radio"/> This is a high priority expense
Frequency of Payments: <input type="radio"/> One Time <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually <input type="radio"/> As Invoiced	Payment Beginning Date: Last Payment Date:

Special Instructions (e.g. Please specify date of payment if you do not want expense paid immediately):

FUNDING INSTRUCTIONS

Process this payment via ☐ Check (\$5) ☐ ACH (\$0) ☐ Wire (\$30) ☐ Cashier's Check (\$10)

FOR ACH/WIRE

Name of Bank:	Account Name:
ABA/Routing Number:	Account Number:
For Further Credit to:	

FOR CHECK

Make Check Payable to:
Mail Check to:
Send Check via: <input type="radio"/> USPS Regular Mail (\$0) <input type="radio"/> USPS Trackable Mail (\$10) <input type="radio"/> Overnight Mail (\$35) <input type="radio"/> Hold for pick-up (select one) <input type="radio"/> Houston office <input type="radio"/> Austin office <input type="radio"/> 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