



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
AccountsPayable@QuestTrust.com

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

TYPE OF EXPENSE:		
<input type="checkbox"/> Mortgage (Lender):	<input type="checkbox"/> Property 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		
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:

FUNDING INSTRUCTIONS

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