

PAYMENT AUTHORIZATION LETTER

Account Information		
Name (as it appears on your account)	Account Number	Account Type (Trad., ROTH, SEP)
Email Address		Daytime Phone Number

Asset Information	
Asset Description (Ex.: Real Estate Address, LLC Name, etc.)	Percentage of Ownership %

Payment Information		
Description of Payment (Ex.: Mortgage Payment, Utility Bill, Repairs & Maintenance)		
Payee Name	Account Number, if applicable	
Payee Address	City, State, Zip	Amount to Be Paid (Fixed Payment Amount)
Special Information/Reference to be Included		<input type="checkbox"/> \$ (For Recurring Payments Only) <input type="checkbox"/> Full Bill Amount
Type of Payment (Recurring or One-Time)		
<input type="checkbox"/> One-Time Payment	<input type="checkbox"/> Recurring Payment	<input type="checkbox"/> Replacement of Existing Recurring Payment
Terms of Recurring Payment		
<input type="checkbox"/> Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Due Date:	Start Date:	
If "Recurring Payment" type is selected, United Bank will continue to pay said bill, when presented, unless Client otherwise terminates the recurring payment, in writing, 30 days prior to the upcoming recurring due date.		

Payment Delivery Options	
Payment Method	
<input type="checkbox"/> Wire Transfer (\$15.00 Fee Applies)	
Bank Name	Bank ABA/Routing Number
Bank Address	City, State, Zip Code
Recipient Name	Recipient Account Number
For Further Credit To / Payment Details	



PAYMENT AUTHORIZATION LETTER

Regular Check Issue Cashier's Check (\$5.00 Fee Applies)

<input type="checkbox"/> Regular Mail	<input type="checkbox"/> UPS Overnight Mail (\$35.00 Fee Applies)
Mailing Address (If different from Payee Address)	
Name	Telephone Number (Overnight Mail Only)
Address	City, State, Zip Code

Payment of Fees (If Applicable)		
<input type="checkbox"/> UDirect IRA Account	<input type="checkbox"/> Enclosed Check	<input type="checkbox"/> Credit Card (Complete Credit Card Section)

All fees associated with this transaction are due and payable at the time of processing this request. If no payment election is made, fees will be deducted from your UDirect IRA Account. This transaction will not be processed if sufficient funds are not available.

Credit Card Information (For Payment of Fees)			
Card Type (Choose One) <input type="checkbox"/> Master Card <input type="checkbox"/> Visa			
Name as it Appears on Card		Billing Address	
City, State, Zip Code	Card Number	Expiration Date	Security Code

I hereby authorize United Bank to charge the credit card listed above for the fees associated with this Letter of Authorization, and/or for any fees associated with my account. If my credit card is declined, United Bank may refuse to honor this Letter of Authorization. If my credit card is declined, United Bank may charge my UDirect account for the fees. I may remain obligated to pay fees even after I terminate United Bank as my custodian as per our agreements. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this billing agreement with United Bank. I agree that electronic execution of this authorization is effective as my original signature.

Signature	Date
-----------	------



PAYMENT AUTHORIZATION LETTER

Account Owner Signature

I, the undersigned IRA account holder of the Self-Directed Individual Retirement Account identified above, in directing United Bank as Custodian of my IRA, do hereby certify and affirm that this transaction does not violate the standards of prohibited transactions contained in the United States Code, the Internal Revenue Code, or case law and/or agency issued opinions interpreting the law as applicable to my account. I affirm that in interpreting these sources of law, I have sought the advice of outside counsel or I believe my knowledge of these sources of law is adequate to direct the Custodian to complete the transaction. I agree to provide sufficient documentation to the Custodian, if requested, to assist the Custodian with determining the details of the transaction. I further agree that the Custodian may refuse to complete this transaction if the Custodian believes that the transaction violates provisions of the United State Code and Regulations thereunder, or any applicable local, federal or state law. United Bank, at its sole discretion, may refuse to complete this transaction even if there is no apparent legal violation.

I understand that my account is self-directed and that United Bank as Custodian does not review the merits and/or acceptability or suitability of any investment. I understand that United Bank does not determine whether this investment is acceptable under the Employee Retirement Income Security Act (ERISA), the Internal Revenue Code and/or any other applicable federal, state or local laws, including securities laws. I understand that it is my responsibility to review any investments to ensure compliance with these requirements.

I understand that United Bank is a "fiduciary" for my account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. I agree to release, indemnify, defend, and hold United Bank harmless from any claims arising out of this investment, but not limited to claims that an investment is not prudent, proper, diversified or otherwise in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. I also understand and agree that United Bank as Custodian will not be responsible to take any action should there be any default with regard to this investment.

I am directing you to complete this transaction as specified above. I confirm that the decision to conduct this transaction is in accordance with the rules of this account and that I agree to hold harmless and without liability United Bank as Custodian of my account.

I agree that electronic execution of this authorization is effective as my original signature. Electronic execution means affixing an image of my signature in the signature box; placing /s/ in front of or behind my printed name in the signature box; or any other method that reflects my name or signature which can be verified

Signature	Date
-----------	------

You may execute this authorization using an electronic signature. Insert an image of your signature in the signature box; or place a /s/ in front of or behind your printed name in the signature box; or, use any other method that reflects your name or signature and which can be verified.