



# Payment Authorization Letter

Date Stamp  
(Office use only)

MASTER

This is a fillable PDF form. To complete the form, click in an area and type.

## Account Owner Information (As it appears on your account application)

Legal Name: \_\_\_\_\_ Vantage Account #: \_\_\_\_\_  
First, Middle, Last

**I HEREBY AUTHORIZE AND DIRECT ADMINISTRATOR TO PAY FROM MY ACCOUNT THE FOLLOWING:**

Asset Property Address (As applicable) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage     Earnest Money     Property Taxes     Insurance     Home Owner Association     Utilities

Maintenance / Repairs     Other (Please specify) \_\_\_\_\_    **Percentage of Ownership:** \_\_\_\_\_ %

## Payment Information

Amount to be Paid: \$ \_\_\_\_\_  Wire (\$30 Fee)     Check (\$5 Fee)     Cashier's Check (\$10 Fee)

Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_  Hold At Vantage Office For Pick-Up  
(Required)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Payment Frequency

Monthly     Quarterly     Annually     One-Time     As Invoiced     MASTER

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Transaction Fees

Vantage Account     Check (Made payable to Vantage)     Visa     MC     Discover     AMEX

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CVC: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Signature

Vantage Retirement Plans, L.L.C. (“Administrator”) performs recordkeeping and administration duties in connection with Account Owner’s self-directed retirement account (the “Account”) on behalf of the custodian (“Custodian”) as set forth in Account Owner’s account application (the “Account Application”). The terms and conditions of this document are incorporated into the Account Application, and the terms and condition of the Account Application are incorporated herein.

I understand that my Account is a self-directed retirement account and that Administrator and Custodian will not review the merits, appropriateness, security and/or suitability of any investment in connection with my Account. I acknowledge that Administrator and Custodian do not endorse, approve, or recommend any companies, products, services, or investments. I acknowledge that I have not requested that Administrator or Custodian provide, and neither Administrator nor Custodian has provided any advice with respect to the investment directive set forth in this Payment Authorization Letter. I understand that Administrator and Custodian do not determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code (IRC), Securities Laws, or any applicable federal, state, or local laws, including but not limited to whether my investment is a security requiring registration under any Blue Sky Laws or applicable Securities Laws. I understand that it is my sole responsibility to review any investments to ensure compliance with these requirements.

I understand that if the services of Administrator or Custodian were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, or subsidiaries of Administrator or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements, made by any such person or entity.

I understand that no person affiliated with Administrator and Custodian, any of its licensees, licensors, or franchisees, has authority to agree to anything different than as set forth herein. I understand that neither Administrator nor Custodian is a fiduciary for my account as such term is defined in the IRC, ERISA, Securities Laws, or any applicable federal, state, or local laws. I agree to release, indemnify, defend, and hold Administrator and Custodian harmless from any claims arising out of my Account including, but not limited to, claims that an investment is not prudent, proper, diversified, properly secured or otherwise in compliance with ERISA, the IRC, Securities Laws, or any other applicable federal, state, or local laws. I also understand and agree that Administrator is not required to take any action should there be any default in connection with my account.

I confirm that the decision to make the payment set forth herein is in accordance with the rules of my Account, and I agree to hold Administrator harmless and without liability.

I assume all responsibility in ensuring that Administrator, or Custodian are provided with full payment instructions including, but not limited to, payment amounts, due dates, addresses of payees, and account numbers. This Payment Authorization Letter shall be valid and in full force and effect until revoked in writing to Administrator.

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. Please fax or mail this form to your Administrator’s office.

**PAYMENT WILL NOT BE PROCESSED WITHOUT AN INVOICE**

**Payment Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(I have read the disclosure above the signature line before signing and dating and agree with its contents.)*

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