



VANTAGE®

Payment Authorization Letter

Date Stamp
(Office use only)
Rev.9/16/2026

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

☐ Master

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

Legal Name: _____ Vantage Account #: _____
First, Middle, Last

Expense Information

Asset Description/Property Address: _____

Percentage of Ownership: _____

Type of Expense: (Select One)

☐ Capital Call	☐ LLC Formation	☐ Earnest Money	☐ Mortgage	☐ Homeowners Association
☐ Insurance	☐ Property Taxes	☐ Utilities	☐ Maintenance/Repairs	
☐ Other (Please specify) : _____				

Payment Information

☐ **One-Time Payment** - I hereby authorize and direct Administrator to make a one-time payment for a fixed amount to the following:

Payable to: _____ Amount: \$ _____

☐ **As Invoiced** - I hereby authorize and direct Administrator to make recurring payments upon invoice with amounts subject to change.

Payable to: _____ Date of Expiration: _____

☐ **Recurring Payments** - I hereby authorize and direct Administrator to make recurring payments of a fixed amount to the following:

***NOTE: Payments must begin within 45 days of Vantage receiving payment instructions.**

Payable to: _____ Amount: \$ _____

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Processing Day: _____

Date Payments to Commence: _____ Date Payments to End: _____

Delivery Instructions

Check Memo or Reference Information: _____

☐ **CHECK** (If no delivery option selected, we will default to regular mail)

☐ **CASHIER'S CHECK**

☐ Regular Mail ☐ Overnight (Cannot be delivered to a P.O. Box. This option does not expedite the transaction, only the delivery)

Mail To Address: _____ City: _____ State: _____ Zip: _____

☐ **WIRE** ☐ **ACH** Bank Account #: _____ Bank Routing #: _____

Account Holders Name: _____ Bank Name: _____

Account Holder's Address (Required for Wires): Street: _____ City: _____ State: _____

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Transaction Fees *(Please reference your Vantage fee schedule for applicable transaction fees.)*

How Would You Like To Pay The Transaction Fees?

☐ Vantage Account

☐ Visa

☐ MC

☐ Discover

☐ AMEX

Name on Card: _____

Card Number: _____ Exp: _____

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 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 Payment Authorization Letter ("PAL") are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein.

I understand my Account is a self-directed account and neither Administrator nor Custodian is a fiduciary for my Account as such term is defined in the Employee Retirement Income Securities Act ("ERISA"), Internal Revenue Code ("IRC"), securities laws, or any other applicable federal, state, or local laws (collectively, "Applicable Laws"). Administrator and Custodian do not endorse, approve, or recommend any investments, payments, companies, products, or services. 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. Neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements made by any such person or entity.

In connection with this Payment Authorization Letter (the "PAL") and the payment detailed herein (the "Payment"), I understand that I am solely responsible for: ensuring the information in this PAL is accurate; providing full and complete information so that the Payment can be accurately completed, including payment amounts, due dates, addresses of payees, and account numbers; and reviewing this PAL and the Payment to ensure compliance with all Applicable Laws and the restrictions of my Account.

In connection with this PAL, I understand that Administrator and/or Custodian have no obligation or responsibility to, and will not: review the merits, appropriateness, security, and/or suitability of the PAL, the Payment, or any payment in general or otherwise in connection with my Account; provide any advice with respect to the Payment; or determine whether the directions set forth in this PAL are acceptable under Applicable Laws.

I represent and warrant to Administrator and Custodian: the Payment is related to an asset held in my Account; any person/entity that has provided services relating to the Payment is an unrelated third party and not a disqualified person as defined by IRC Section 4975; I understand the prohibited transaction rules and the Payment will not result in a prohibited transaction; Administrator and Custodian may act on this PAL immediately as it is presented without further review; Administrator and/or Custodian may require additional documentation or information prior to executing the PAL; and Administrator is not required to take any action should there be any default in connection with my Account.

I understand that in connection with this PAL: amounts sufficient to fund the Payment must be available in my Account the business day prior to the date of the Payment; deposit and hold times may affect the timing of receipt of the Payment; if a recurring payment processing day falls on a weekend or holiday, the Payment will be processed the previous business day; the PAL may be rejected if electronic signatures on this PAL do not include the electronic signature Certification page or Certification Stamp; and Administrator and Custodian have no responsibility in connection with any fraudulent activity related to my Account, this PAL, or the Payment; and no person affiliated with Administrator or Custodian, or of their licensees, licensors, or franchisees, has authority to agree to anything different than as set forth in this PAL.

I agree to release, indemnify, defend, and hold Administrator and Custodian harmless from any claims or losses arising out of my Account including, but not limited to: loss, damage, injury, or expense that may occur as a result of any Administrator or Custodian action based on the directions in this PAL; and claims that an investment is not prudent, proper, diversified, properly secured, or otherwise in compliance with Applicable Laws.

I direct the Administrator and Custodian to execute the Payment as instructed in this PAL. This PAL is valid and in full force and effect until revoked in writing in a form reasonable acceptable to Administrator. I have examined this PAL, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

Funds must be available the business day prior. If the processing day falls on a weekend or holiday it will be processed the previous business day. Please allow for deposit and hold times.

Payment Authorization Signature: _____ Date: _____

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