

# BILL PAY REQUEST

## Self-Directed Retirement Accounts



(800) 777 - 9878

(800) 867 - 7668

operations@digitaltrust.com

### PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### PART 2. EXPENSE PAYMENT INFORMATION

New or Additional Setup       Replace Existing Payment       Stop or Cancel Existing Payment

#### Expense Description

Asset Name / Description:	Asset Reference #:	Ownership %: (If less than 100%)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Memo / Reference Information:		
<input type="text"/>		

**!** Please include a copy of the invoice for the asset.

#### Expense Frequency

**Option 1. Blanket Authorization**      **!** The account must have sufficient funds in order to make payments to received invoices.

**Option 2. One-Time Payment** (Complete the following information.)

Payment Amount:       **OR**       Pay amount on attached invoice.

**Option 3. Recurring Expense** (Complete the following information.)

Payment Amount:       Start Date: (MM/DD/YYYY)       End Date: (MM/DD/YYYY)        Check if no end date.

Payment Occurrence:      Month to Begin:      Process Payments on:

Monthly       Quarterly             1st       15th

**!** Please note, requests for recurring payments must be to the same payee and for the same amount. For timely payment processing, please ensure that there are sufficient funds in your account and that requests are received at least 2 weeks prior to the requested date of payment.

### PART 3. PAYMENT METHOD

Please select how you would like funds sent for your payment:

**Option 1. Check** (See current Fee Schedule for applicable fees.)

Send check via:  Regular Mail  Overnight Mail (\$40.00)  Cashier's Check + Overnight Mail (\$55.00)

Payee Name:

Payee Tax ID #: (If applicable)

Payee Address:

City:

State:

Zip:

**Option 2. Wire** (See current Fee Schedule for applicable fees.)

Bank Name:

Phone:

Check here if separate wiring instructions or additional information is attached.

Payee Name: (On bank account)

Payee Tax ID #: (If applicable)

Payee Address:

City:

State:

Zip:

ABA (Routing) #:

Account #:

Account Type:

Checking

Savings

### PART 4. ACCOUNT OWNER AUTHORIZATION

I certify that the above-described asset is held within my account at Digital Trust, LLC and the requested payment is an appropriate expense directly related to a proper purpose with respect to the asset. I acknowledge that the requested payment will be processed in the ordinary course of business unless I request and pay for expedited processing. I understand that it is my responsibility to ensure that there are sufficient funds available in my account prior to the requested payment date.

Signature of Account Owner:

Account Owner Name: (Print or Type)

Date: (MM/DD/YYYY)