

Payment Authorization Letter

1. YOUR INFORMATION

Your Name:	Account Number:	% of Ownership: (If not specified, 100% of the invoiced amount will be paid)		
Property Address:	City:	State:	Zip:	

2. PLEASE PAY THE FOLLOWING INVOICE

I hereby authorize and direct the Administrator and/or Custodian to PAY the following:

Reoccurring Invoices

<input type="checkbox"/> Mortgage (Mortgages are paid on the 1st business day of the month, unless other arrangements are made in writing.)
<input type="checkbox"/> Property Taxes (Property taxes are paid annually.)
<input type="checkbox"/> HOA
<input type="checkbox"/> Insurance
<input type="checkbox"/> Utilities

One-time Invoices

<input type="checkbox"/> Other: _____

3. PROCESSING INFORMATION

I understand that processing fees are paid from the IRA in which the property/asset is held.

Pay the invoice via: Wire (\$30 processing fee. Please request an outgoing wire instruction form from our office.)
 Check Payable to: _____ (\$5 check fee. Fill out address below.)

Address:	City:	State:	Zip:
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Processing Options: Standard Processing (No charge. Please allow 8-10 business days) Express Processing (\$30 processing fee, FedEx Overnight.)

4. SIGNATURE

I confirm that I am directing New Direction IRA, Inc., Administrator, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment referenced in this Payment Authorization Letter. I understand that I am responsible for ensuring that adequate funds are available in my Account to execute this transaction. I understand that funds in the Account may not be immediately available for use to pay expenses and that all non-certified funds are available 5 business days after deposit to Administrator's bank. Funds are available the day following deposit if received by cashier's check, money order, or bank wire. Recurring payments must be for the amount specified in this Payment Authorization Letter, if designated. The Administrator and/or Custodian is not responsible or liable for late fees assessed on bills due to unavailable funds, late receipt of an invoice/bill or lack of clear instructions on this Payment Authorization Letter.

I understand that in processing this transaction the Administrator and the Custodian are only acting as my agent, and nothing will be construed as conferring fiduciary status on either the Administrator or the Custodian. I agree that the Administrator and the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Administrator and 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 this investment transaction or resulting from serving as the Administrator or the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me.

I understand that no person at the office of the Administrator or the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Buy Direction Letter and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete.

Signature: _____ Date: _____