



DIRECT DEPOSIT (ACH) AUTHORIZATION

Direct Deposit (ACH) payments are only for periodic distributions

You must complete this form to authorize IRA Services Trust Company to send periodic distributions to you by Direct Deposit (ACH).

An ACH fee applies per distribution.

Note that it may take up to 2 business days for your banking institution to post an ACH payment to your account once it is initiated by IRA Services.

Return by mail: 79 W. Monroe St. Suite 1208 Chicago, IL 60603 | by fax: 888-600-6997 | by e-mail: Vanessa@iraclub.org
For inquiries, call: 888-795-7950 or visit www.iraclub.org

A. PARTICIPANT IDENTIFICATION

FULL NAME	PHONE NO.	ACCOUNT NUMBER
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B. BANK ACCOUNT INFORMATION

I hereby authorize IRA Services Trust Company to initiate credit entries to my (select one):

Checking Account Savings Account

indicated below at the depository financial institution named below, hereafter called "Depository", and to credit the same to such account.

DEPOSITORY NAME	BRANCH ADDRESS	BRANCH PHONE NO.
CITY	STATE	ZIP
ROUTING NUMBER	ACCOUNT NUMBER	

C. VOIDED CHECK

PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM

Attach Voided Check Here

D. ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until IRA Services Trust Company has received written notification from me of its termination in such time and in such manner as to afford IRA Services Trust Company and Depository a reasonable opportunity to act on it.

_____/_____/_____
Signature of Participant Date