



PO Box A3535
Chicago, IL 60690

Phone: 888-795-7950
www.IRAclub.org

Expense Payment Request

Page 1 of 2

Account Owner Information

IRA Club Account Number: _____

First and Last Name: _____

Last 4 of SSN: _____ Daytime Phone: _____

Payment Information

***Please include the bill / invoice when submitting this form.**

Asset Reference: _____

(ex: property address)

Amount: \$ _____ Payment Due Date: _____

Purpose of Payment: _____

(ex: property taxes, insurance, etc.)

Payment Instructions

Mail a Check to Payee Address

Delivery Method: Regular Mail Overnight (+\$35) Outside FedEx Account #: _____

Payee Name: _____

Address: _____

Street

City/State

Zip

Send a Wire Transfer (\$35)

Bank Name: _____ Bank Phone #: _____

Bank Address: _____

Account #: _____ ABA Routing #: _____

Name on Account: _____

Account Holder Address: _____

Email to: Expenses@iraclub.org

Fax to: 888-600-6997



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Processing Fees

- Deduct fees from available cash in the account
- Bill my Credit Card (VISA, Master Card and American Express accepted)

Name on Card: _____ Billing Zip Code: _____

Card Number: _____ EXP: _____ CVV: _____

Payment Authorization

Signature: _____ **Date:** _____

Notes

For IRA Club Use Only