



PO Box A3535
Chicago, IL 60690
www.iraclub.org
312-795-0988

Automatic Withdrawal Request Form

Use this form to provide IRA Club with instructions to deposit cash your IRA account via ACH from an external bank account. **Please attached a copy of a voided check.**
The ACH processing fee of \$5 is deducted from the IRA account automatically.

1. Account Owner Information

First and Last Name: _____ IRA Club Account Number: _____

Last 4 of SSN: _____ Daytime Phone Number: _____

2. Type of Deposit

Annual Contribution for tax year _____

Income or Liquidation from an Investment

Asset Name: _____ (ex: ABC, LLC)

For Minimum Balance or IRA Fees

Frequency

One time only

Monthly on the 1st

Monthly on the 15th

Monthly on the 30th

Quarterly on the 1st

3. Amount \$ _____

4. External Account Information (your name must be on this account)

Type of Account: Checking Savings

Bank Name	Phone Number
Name on Account	Account #
ABA #	Account Holder Address

5. Authorization and Acknowledgements

I hereby authorize IRA Club to effect payment for the amount specified by me (\$25 minimum) to IRA Club as such amount becomes due by initiating debit entries to my account indicated at the financial institution name. I request such financial institution to accept any debit entries initiated by IRA Club to such account and to debit the same to such account without responsibility for the correctness thereof. I understand that this agreement may be terminated by me at any time by sending written notification to both my financial institution and to IRA Club. I understand that I may direct IRA Club not to debit my account at the indicated financial institution, provided that such authorization is in writing and is received by IRA Club not less than ten (10) calendar days prior to the scheduled initiation of the debit entry. I agree to hold IRA Club harmless from any consequences of acting in accordance with this agreement. I understand that IRA Club is not liable for the failure of a debit entry to be accepted by my financial institution.

➤ Signature: _____ Date: _____

Fax to 312-283-2615

Email: deposits@iraclub.org

Overnight: 67 E. Madison St.
Suite 1510
Chicago, IL 60603