



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

Expense Payment Request for General Real Estate Expenses

General Requirements

Include a scanned copy of the bill or invoice when submitting this form.

1. Account Owner Information

First and Last Name: _____

Last 4 of SSN: _____ Daytime Phone Number: _____

2. Payment Information

	IRA Account Number	% owned	Property Address	Purpose of Payment	Amount to Pay
<i>Ex:</i>	<i>9000123</i>	<i>100%</i>	<i>123 Green St.</i>	<i>Rehab</i>	<i>\$4,568.88</i>
1.					
2.					
3.					
4.					
5.					
					TOTAL:

5. Funds Delivery Instructions

Mail a Check to address on invoice (**\$15**)

6. **Processing Fees** are deducted from the account automatically. If you wish to put the fees on a credit card, please complete the section below.

Card Number: _____ Exp: _____ CVV: _____ Billing Zip: _____

8. Acknowledgements and Signature

Signature: _____ Date: _____

Fax to 312-283-2615

Email: expenses@iraclub.org

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