



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

Expense Payment Request for Property Insurance

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	Policy #	Amount to Pay
Ex:	9000123	100%	123 Green St.	0111231100	\$508.25
1.					
2.					
3.					
4.					
5.					
					TOTAL:

5. Funds Delivery Instructions

Mail a Check (\$15) Pay Online (\$15) *only if this feature is available as indicated on the invoice or bill.

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