

## When to use this form:

Please use this form for payments made from your IRA account in relation to an asset. This may include:

- Utilities/ Insurance/ Taxes/HOA
- Repairs/ Maintenance
- HUD Closing
- Capital Call
- Additional Funding for an existing asset

## To complete your Payment Authorization:

### 1. COMPLETE AND SIGN THIS FORM

### 2. SUPPORTING DOCUMENTS MAY INCLUDE:

- Invoice
- Capital Call Notice (Private Placements)
- Amendment (Notes)
- Closing documents (Purchasing Real Estate)

### 3. SUBMIT TO CAMAPLAN:

- Completed Payment Authorization Form
- Supporting document(s)

If you would like to have your paperwork reviewed prior to submitting:

call: (866) 559-4430

or email: [Operations@CamaPlan.com](mailto:Operations@CamaPlan.com)

## Submit your Payment Authorization to:

- Fax: (973) 302-8622
- Email: [Operations@CamaPlan.com](mailto:Operations@CamaPlan.com)
- Mail: CamaPlan  
122 E Butler Ave, Suite 100  
Ambler, PA 19002

## What's next?

Upon receipt of all required documents, we will release funds within 2 business days.

Your payment will not be processed without sufficient funds for our minimum balance requirement.

## 1. Participant Details

Name on your CamaPlan account

Account Number

## 2. Payment Details

Asset Name

Ownership Percentage

PAD Type

☐

One-Time Payment

☐

Blanket\* (recurring payments only)

\*A Blanket PAD is a Payment Authorization Directive that covers recurring payments for an entire asset or a particular payment type. Assets that have multiple recurring payment types should select ALL. A failure to submit a Blanket PAD for an asset with recurring payments will result in a \$25 charge per payment notification. If you prefer not to use the Blanket PAD option for recurring payments please have all payment/invoice notifications sent to your address and utilize the One-Time Payment option.

Blanket Frequency

☐

As Invoiced

☐

Monthly

☐

Annually

☐

Other:

Payment Type

☐

1. Property Taxes

☐

2. Property Insurance

☐

3. Mortgage

☐

4. Utilities

☐

5. Homeowners Association Dues

☐

6. Repairs / Maintenance

☐

7. ALL

☐

8. Other:

☐

9. Additional Funding (Existing Asset)

Amount \$

Payable to:

Address

Send payment by:

☐

Overnight\*\* (No P.O. Box)

☐

2 Day courier\*\* (No P.O. Box)

☐

Regular mail

☐

Wire

☐

ACH

Account Information

Acct Name

Acct Address

Acct No.

Bank Name

Bank ABA #

\*\* Additional charges may apply

Additional Details:

### 3. Transaction Fees

How do you wish to pay the fee(s) associated with this transaction?

☐ Payment Method on File

- Entered via the online portal. Payment method can be added by logging in to your portal at [sys.camaplan.com](https://sys.camaplan.com).

☐ Credit Card (call the office)

☐ Check

☐ CamaPlanAccount

(authorization continued)

indemnify and hold Administrator and Custodian harmless from any and all liability that may arise as a consequence of Administrator carrying-out this directive in accordance with the terms hereof.

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**Authorizing Purchaser's Signature**

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**Date**

### 4. Authorization

I hereby certify and represent that the above-described asset is held in my self-directed IRA account Administered by CAMA Self-Directed IRA, LLC (Administrator) and that the requested payment is an appropriate expense directly related to a proper purpose with respect to such asset. I direct Administrator to disburse the specified funds from my account to the identified recipients in accordance with the terms hereof. I understand and acknowledge that the requested disbursement will be processed in ordinary course unless an expedited processing service is requested and paid for by me. I understand and acknowledge that it is my responsibility to ensure that sufficient funds are available in my account to meet the subject obligation and that I must deliver this Payment Authorization to Administrator to allow sufficient time for processing and delivery to the payee to occur in a timely manner. I hereby release,