

PAYMENT AUTHORIZATION LETTER

ONE TIME PAYMENTS



1. NDTCO ACCOUNT INFORMATION				
Account Holder Name: John Doe		New Direction Account Number: 1000000		
2. ASSET DETAILS				
Asset Name/Description: 123 Main St.		% Ownership: 100%		
3. PAYMENT DETAILS				
Payment Amount: 200.00		Check Memo:		Expense Type: Property Improvement
OUTGOING MOVEMENT OF FUNDS OPTIONS				
Send Funds via: <small>Movement of funds fees apply</small>	Payee Information			
<input checked="" type="radio"/> Check	Payee Name: GenEric Handyman, LLC			
<input type="radio"/> ACH	Address: 456 Broadway Blvd		City: Anytown	State: CO
<input type="radio"/> Cashier's Check	Bank Name (Wires/ACH only):		Account Name (Wires/ACH only):	
<input type="radio"/> Wire	Account Number (Wires/ACH only):		Routing Number (Wires/ACH only):	
<input type="checkbox"/> Please send funds via Overnight Mail. Overnight Mail Fee applies. (Check and Cashier's Check Payments only- Optional)				
4. AUTHORIZATION AND SIGNATURE				
<p>I understand that I am to retain all copies of invoices submitted for payment. I confirm that I am directing New Direction Trust Company "NDTCO", Custodian, to complete this transaction as specified above. I understand that my account is self-directed, and I take complete responsibility for any investment I choose for my account, including the investment referenced in this Payment Authorization Letter. I understand that I am responsible for ensuring that adequate funds are available in my Account to execute this transaction. <u>I understand that funds in the Account may not be immediately available in order to pay expenses and that all non-certified funds are available 5 business days after deposit to Custodian's bank.</u> Funds are available the day following deposit if received by cashier's check, money order, or bank wire. Recurring payments must be for the amount specified in this Payment Authorization Letter, if designated.</p> <p>The Custodian, NDTCO, is not responsible or liable for late fees assessed on bills due to unavailable funds, late receipt of an invoice/bill or lack of clear instructions on this Payment Authorization Letter. I understand that in processing this transaction the Custodian is only acting at my direction, and nothing shall be interpreted as conferring fiduciary status on the custodian.</p> <p>I agree that the Custodian will not be liable for any investment losses sustained by me or my account as a result of this transaction. I agree to indemnify and hold harmless the Custodian from any and all claims, damages, liability, actions, costs, expenses, including reasonable attorney fees, and any loss to my account as a result of any action taken in connection with this investment transaction or resulting from serving as the Custodian for this investment, including, without limitation, claims, damages, liability, actions and losses asserted by me. I understand that no person at the office of the Custodian has the authority to modify any of the foregoing provisions. I certify that I have examined this Payment Authorization Letter and any accompanying documents or information, and to the best of my knowledge and belief, it is all true, correct and complete. I confirm that I have read and agree with the previous terms and that this payment is for the expenses of the asset held in my plan and does not constitute a prohibited transaction as defined in IRC§ 4975.</p>				
Account Holder Signature: <i>John Doe</i>		Date Signed: 2/10/2020		