



Self Directed IRA

S E R V I C E S I N C

A subsidiary of Horizon Bank

600 Congress Avenue, Suite 400 • Austin, TX 78701
866.928.9394 • 512.637.5739 • www.SDIRAServices.com

ACH Contribution Authorization Agreement

For Traditional, Roth, SEP or SIMPLE IRAs

Use this form when you want to set up a periodic (monthly or quarterly) IRA contribution by ACH deposit to your Self Directed IRA Services, Inc. ("SDIRA Services") Traditional, Roth, SEP or SIMPLE IRA. In order to take advantage of this service,

- Your bank must be a member of the Automated Clearing House, and
- Your name must appear on the bank account, and
- The ACH contribution must be a scheduled, recurring periodic deposit. This service is not available for a one-time contribution.

1

Accountholder Information

Accountholder Name	Account Number	
Address		
City	State	Zip
Social Security Number	Daytime Phone	
Email Address		
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	

2

ACH Deposit Information

No fee is charged to receive an ACH deposit.

I wish to transfer the funds as specified below to my Self Directed IRA Services, Inc. account as my regular annual IRA contribution.

Note: Contributions received as ACH deposits will be recorded for the tax year in which the ACH deposit is received.

Specify if this is for a:

New ACH Contribution Instruction

Change of Prior ACH Contribution Instruction (Fill out only the information you wish to change in section 2 and/or 3.)

• Frequency: Semi-Monthly Monthly Quarterly

• Day of Month or Quarter: 1st 15th If semi-monthly is elected, the 1st and 15th will apply.

• Start Date: _____ (mm/dd/yyyy)

• ACH Deposit Amount: \$ _____

3 Depository Bank and Bank Account Information

I hereby authorize Self Directed IRA Services, Inc. ("SDIRA Services") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository bank named below ("Depository"), to credit the same to such account.

Depository Bank and Bank Account Information		Attach a voided check or deposit slip to this form.	
Bank Name	Must be an ACH member		
Bank Location	Address	Bank Phone	
	City	State	Zip
ABA Routing #	Must be 9 digits		
Bank Account #			
Type of Account	<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Checking <input type="checkbox"/> Money Market, NOW or non-passbook Savings		
Name(s) on Account	Your name must appear on the account		
We recommend that you verify the above information for ACH debits with your bank. If the account type is a savings account, make sure the bank allows savings accounts to be debited for ACH transactions.			

4 ACH Debit Authorization and Signature

Accountholder must sign and date below.

The undersigned hereby authorizes this Agreement to remain in full force and effect until Self Directed IRA Services Inc. ("SDIRA Services") has received written notification from me to terminate or change the information contained herein, and such notice is received in a time and manner as to afford SDIRA Services and Depository a reasonable opportunity to act on it.

SDIRA Services is authorized to credit my SDIRA Services account for the amount of the transfer when received, and to debit my account for any fees due for this service. I understand that I am responsible to ensure that the amount of funds in my bank account with Depository listed above is sufficient to cover any fees and costs associated with my account. I understand that SDIRA Services may reverse previous transactions in my account to be reimbursed for all amounts owed to SDIRA Services. I further agree that SDIRA Services will bear no responsibility for any action or inaction due to insufficient balances. I further agree to pay any fees normally charged by SDIRA Services for this service, which currently are:

- (1) no charge for a regular ACH transaction;
- (2) \$25 for the return or rejection of a debit order previously sent; and
- (3) \$10 to re-issue any debit order or correct any incorrect account information I supply.

I understand these fees are subject to change at any time without notice. If my account has insufficient funds, I understand that SDIRA Services will automatically cancel these instructions, without written or verbal notice, after three (3) separate withdrawal attempts during the year.

Accountholder will inform SDIRA Services of the appropriate tax reporting year (and subsequent changes thereto) to assign for IRA contributions to my SDIRA Services account. Unless informed otherwise, SDIRA Services will assign any contribution received to the tax reporting year in which it is received. Accountholder is responsible for determining eligibility for all IRA contributions, calculating the correct contribution amounts to avoid excess contributions, and is responsible for notifying SDIRA Services for any excess contribution and/or penalties that may apply.

I agree that SDIRA Services may discontinue this service at any time, and that I am responsible for supplying to SDIRA Services accurate information concerning my Depository, including the bank routing/transit/ABA number, and my account number and type, and any changes to this information which may occur in the future. SDIRA Services bears no responsibility and assumes no liability for the accuracy of or changes to this information.

I understand that the contributions to my account will be held in an FDIC insured bank account pending my further investment instruction. I understand that I must submit the necessary instructions to invest my contribution(s), and that SDIRA Services reserves the right to hold my funds for a reasonable period of time prior to investing them to ensure there are no problems with the ACH transaction.

I hereby agree to hold harmless SDIRA Services, and its affiliates and assigns, from any problem arising out of or in any way connected with this Agreement. I further certify that no tax advice has been given to me by SDIRA Services. All decisions regarding this request are my own, and if necessary, I have consulted with my tax or financial planning professional. I expressly assume the responsibility of any adverse consequences which may arise from this Agreement and I agree that SDIRA Services shall in no way be held responsible.

Accountholder
Signature _____

Date _____

5 Send completed form to us

Mail



Self Directed IRA Services, Inc.
P.O. Box 685133
Austin, TX 78768

Physical Delivery



Self Directed IRA Services, Inc.
600 Congress Avenue, Suite 400
Austin, TX 78701

Fax



Fax to 512.495.9554
Attn: Client Services