



# 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

Phone 512.637.5739 • Fax 512.495.9554 • www.SDIRAServices.com

## Credit Card Charge Form

Use this form if you wish to use a credit card to pay account fees.

### 1 Account Information

Accountholder Name	Account Number
Daytime Phone	Email Address
Charge Amount	Invoice Number (if known)

### 2 Credit Card Information

Please print clearly and provide all information to avoid a processing delay.

Card Type (Check one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardholder Name (As shown on card)				
Billing Address				
City		State	Zip	
Home Phone		Mobile Phone		
Credit Card Number			Expiration Date	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Card Security Code – REQUIRED				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<p>The security code is the 3 digit number imprinted in the signature box on the back of the card for VISA, MasterCard or Discover. It is the 4 digit number imprinted in the upper right area of the card number on front for AMEX.</p>				

### 3 Signature

Credit Cardholder and Accountholder must sign and date below.

I wish to pay the account fees indicated above and hereby authorize payment of the account fees to Self Directed IRA Services, Inc. ("SDIRA Services") be charged to the credit card provided on this form. By signing this form, Accountholder hereby accepts and agrees to all the terms and provisions set forth in the IRA Custodial Account Agreement and Disclosure Statement and has read and accepted the terms of the SDIRA Services IRA Fee Schedule.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Accountholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4 Send your completed form to us



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 to 512.495.9554  
Attn: Accounting

For Internal Use Only: Approval # \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_