



Fee Payment Authorization

Client Services
866.928.9394
www.StrataTrust.com

Send to: (Please submit using one method)
Email: CC@StrataTrust.com
US Mail: PO Box 849, Austin, TX 78767
Overnight: 901 S. Mopac Expwy, Barton Oaks Plaza, Ste 100
Austin, TX 78746

Use this form to designate or change your preferred method to pay account fees. You may change your fee payment preference at any time by completing and signing a new Fee Payment Authorization form. Please print clearly and provide all information to avoid a processing delay.

Section 1	Account Owner Information
Accountholder Name	Social Security Number (Last 4 Digits Only)
Daytime Phone	Email Address

Please provide the IRA account number(s) below for any account that you wish to link to the fee payment preference you **will** elect in Section 2. You may only list account(s) that are registered to the Accountholder listed above.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Section 2	Fee Payment Preference – Select Only One (1) Option Below
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Note:

- If Option 1 is selected below, the credit card information below must be completed. If Option 2 or Option 3 are selected, then the credit card information may be provided as a backup to the preferred fee payment method.
- For credit/debit card elections, a temporary, or 'pending' transaction will be charged to the credit/debit card provided once you submit this form to STRATA. Your bank will usually remove the temporary charge within 7-10 business days.

☐ **Option 1: AutoPay with my Credit/Debit Card On File** – Keep my Credit/Debit Card information on file for payment of custodial or service fees, including, but not limited to, Annual Account Fee, Asset Holding Fees, Storage Fees, or Processing Fees.

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"/>
Card Security Code – REQUIRED	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.			
<input type="text"/>				

☐ **Option 2: Deduct From Account**

Deduct all custodial or service fees from available cash in my STRATA account. If there is insufficient cash available for service fees, this may delay processing since all processing or service fees are due at the time of service.

☐ **Option 3: Invoice Me**

Send me an Invoice when annual account fees are due. Important: STRATA will only send an invoice for the Annual Account Fee, Asset Holding Fee, and/or Precious Metals Storage Fee. All other service fees are due at the time of service.

Section 3

Signature

Credit Cardholder and Accountholder Must Sign and Date Below

By providing valid credit/debit card information above, the Accountholder authorizes STRATA Trust Company ("STRATA") to retain the credit/debit card information on file for any accounts linked to the Accountholder's profile. The Accountholder also authorizes STRATA to charge custodial account fees for the accounts listed above to the credit/debit card as provided in the Fees and Expenses section of the Custodial Account Agreement. If the credit/debit card information on file expires or ceases to be valid, Accountholder agrees to notify STRATA and provide STRATA with information for another credit/debit card or information necessary to satisfy any outstanding fees and expenses. Accountholder hereby authorizes STRATA to charge fees to any replacement credit/debit card provided by the Accountholder. If STRATA is unable to complete a transaction using the Fee Payment Preference selected for any accounts linked to the Accountholder's profile, then the Accountholder authorizes STRATA to deduct any amount due from cash in the Accountholder's Custodial Account, charge the credit/debit card on file, or take any other action authorized in the Fees and Expenses section of the Custodial Account Agreement.

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 STRATA IRA Fee Schedule.



Cardholder Signature

Date



Accountholder Signature

Date

Account Number

For Internal

Customer Profile ID _____ UDF Update _____

Use Only:

Contact ID Updated (if applicable): _____

Debit 1st flag ☐ Yes ☐ No