



Automatic Recurring Contribution Form

How to Return this Form:

- Complete, Sign, and Date the Form
- Fax, Email or Mail the form using the information below:

Email to:
Deposits@iraclub.com

Fax to:
(312) 283-2615

Overnight Address:
67 E Madison St
Suite 1510
Chicago, IL 60603

For Support, Call (312) 795-0988. Office hours are Monday-Friday, 9:00 AM - 5:00 PM. Find information online at www.iraclub.com.

1 ACCOUNT OWNER INFORMATION

Full Name IRA Club Account Number

Email Phone Number

2 DEPOSIT INFORMATION

Withdraw funds from the account below for:

<input type="checkbox"/>	Annual Contribution	Amount \$	<input type="text"/>	Tax Year	<input type="text"/>
<input type="checkbox"/>	Investment Income	Amount \$	<input type="text"/>	Tax Year	<input type="text"/>

3 EXTERNAL ACCOUNT INFORMATION *Your name must be on this account. Please attach a copy of a voided check with this form.

Type of Account: Checking Savings

Debit Account Number ABA Routing Number

Debit Account Name Bank Name

Debit Account Holder Address

Bank Address

4 FREQUENCY

Monthly on the 1st Monthly on the 15th Monthly on the 30th

5 ACKNOWLEDGEMENT AND SIGNATURE

By signing this form, I authorize IRA Club to withdraw from the above captioned account and deposit the funds to IRA Club account according to the information on this form.



Account Owner Signature

Date Signed