



Recurring Withdrawal Request 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	<input type="text"/>	IRA Club Account Number	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>

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:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Debit Account Number	<input type="text"/>	ABA Routing Number	<input type="text"/>
Debit Account Name	<input type="text"/>	Bank Name	<input type="text"/>
Debit Account Holder Address	<input type="text"/> <input type="text"/>	Bank Address	<input type="text"/> <input type="text"/>

4 FREQUENCY

<input type="checkbox"/> Monthly on the 1st	<input type="checkbox"/> Monthly on the 15th	<input type="checkbox"/> Monthly on the 30th
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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