



Mail@MidlandIRA.com

Fax 239.466.5496

AUTOMATIC DEBIT AUTHORIZATION

Use this form to request Midland to electronically transfer funds for you instead of mailing in paper checks for common transactions such as contributions, rental and note payments.

Midland Client Name _____ Midland Account # _____

Transaction Type IRA Contribution (Automatic contributions will be posted for current year)
 Rent Payment: Property Address _____
 Note Payment: Borrower Name _____
Note payments will be posted as interest. To periodically adjust the principal due for the note, contact our office.

Debit Amount \$ _____ Start Date _____ End Date (optional) _____

Frequency One-Time Monthly
 Other: Circle months in which to transfer funds
Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Day of Month (1-28) _____ (for example, every 3rd day of the month, if monthly)

CHECKING ACCOUNT INFORMATION

Bank Name _____ ABA/Routing # _____

Account Holder's Name _____ Bank Acct # _____

Account Holder's Phone _____ Email _____

I authorize Midland Trust, Inc. to initiate preauthorized electronic funds transfers and debit the authorized debit amount indicated above from the designated checking account listed above. I understand this debit will be initiated either one-time or on a recurring basis based on my instructions above. If the process date falls on a weekend or holiday, the account will be debited on the next business day. This authorization will remain in effect until I notify Midland Trust to terminate this agreement. To cancel an automatic debit, I understand I must contact Midland Trust 10 business days prior to the next automatic debit.

I understand and agree to the following:

1. Midland Trust is not a property manager, loan servicer or collections agency. This authorization is only a request to initiate an electronic funds transfer.
2. Midland Trust will notify the client if an automatic debit is returned for any reason (closed account, insufficient funds, stop payment, etc). Returned items are subject to a \$30 fee that will be assessed to my Midland Trust account.
3. There will be a 5 business day hold on all electronic credits posted to a Midland Trust account.

Checking Account Holder's Signature _____ Date _____

Return this completed form, and a voided check (optional) by fax, email or mail.

Call our office with any questions at 239.333.1032