



# IRA Contribution Automatic Transfer Authorization

## IRA Information

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

IRA Type:  Traditional  Roth  SEP

## Contribution Information

From Account Number: \_\_\_\_\_

Share ID: \_\_\_\_\_ Contribution Amount: \_\_\_\_\_

Contribution Frequency:  Weekly  Biweekly  Monthly  Semi-Monthly

## Authorization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Revocation of Automatic Transfer

Please cancel the above referenced automatic transfer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date