

(888) 205 - 6036 (505) 212 - 0494 operations@horizontrust.com

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

### PART 1. ACCOUNT OWNER INFORMATION

First Name:  M.I.:  Last Name:  Account #:

Last 4 SSN Digits:  Date of Birth: (MM/DD/YYYY)  Email Address:

### PART 2. EXPENSE PAYMENT INFORMATION

New or Additional Setup  Replaces Existing Payment  Stop or Cancel Existing Payment

#### Expense Description

Asset Name / Description:  Asset Reference #:  Ownership %: (If less than 100%)

Memo / Reference Information:

- ! Please include a copy of the invoice for the asset.
- ! Ensure invoice has asset name or address listed matching your Horizon profile

#### Expense Frequency

**Option 1. One-Time Payment** (Complete the following information.)

Payment Amount:  OR  Pay amount on attached invoice.

**Option 2. Blanket Authorization** ! If the account has sufficient funds, make payments as invoices are received.

**Option 3. Recurring Expense** (Complete the following information.)

Payment Amount:  Start Date: (MM/DD/YYYY)  End Date: (MM/DD/YYYY)   Check if no end date.

Payment Occurrence:  Monthly  Quarterly Date to Begin:  Payments will be processed, either monthly or quarterly, on the day designated by start date.

! **IMPORTANT:** Recurring expense payments must be for the same amount each period and must be paid to the same payee. We require written notification if the payment needs to be changed or canceled. To ensure that this expense payment request will be processed by your selected start date, 1) you must have funds in your account, and 2) we must receive this bill pay request no later than 10 business days before the selected start date.

### PART 3. PAYMENT METHOD

Please select how you would like funds sent for your payment:

**Option 1. Check** *(See current Fee Schedule for applicable fees.)*

Send check via:  Regular Mail  Overnight Mail (\$50.00)  Cashier's Check + Overnight Mail (\$50.00)

Payee Name:

Payee Tax ID #: *(If applicable)*

Payee Address:

City:

State:

Zip:

**Option 2. Direct Deposit**

Bank Name:

Phone:

Check here if separate funding instructions or additional information is attached.

Payee Name: *(On bank account)*

Payee Tax ID #: *(If applicable)*

Payee Address:

City:

State:

Zip:

ABA (Routing) #:

Bank Account #:

Account Type:

Checking

Savings

### PART 4. ACCOUNT OWNER AUTHORIZATION

I understand this is a self-directed account meaning that I am solely responsible for the selection, due diligence, management, review, retention and liabilities of all investment(s) and for the accuracy of the instructions provided to the Custodian or Administrator to fulfill those investments. I understand the Custodian and Administrator are not fiduciaries and do not provide investment, tax or legal advice. I acknowledge and confirm that I have received, read, and understand each of the disclosures for my account(s) and direction(s) of investment, and consent and agree to the terms and conditions contained therein. I direct the Custodian to execute the payment of the above-referenced expense for the benefit of my account. In directing the expense payment, I acknowledge and represent that the expense was incurred by my account, that the account is paying only its portion of the expense, and that any person/entity that has provided services relating to the expense is an unrelated third party and not a disqualified person as defined by Internal Revenue Code Section 4975. I further acknowledge that no portion of the expense payment will be used to reimburse me for any expenses paid out of pocket. I agree to hold the Custodian harmless from any liability for any loss, damage, injury, or expense that may occur as a result of the execution of this Bill Pay Request authorization. I understand that the custodian requires a reasonable amount of time to complete my instructions. I understand that I am required to maintain a minimum balance of \$500.00 in my account. I further understand that if my request would cause my account to drop below this required minimum balance, the request may not be processed.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*