

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

Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN Digits: (XXX-XX-####)	Date of Birth: (MM/DD/YYYY)	Email Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 2. PAYMENT METHOD

Option 1. Credit Card

Select a Credit Card Type:

Visa Mastercard American Express Discover

Cardholder Name:

Card Number:

Expiration Date: (MM/YY)

Security Code:

Billing Address:

Apt/Unit/Ste:

City:

State:

Zip:

Option 2. ACH

Bank Name:

Phone:

Bank Address:

City:

State:

Zip:

Account #:

Type:

Checking Savings

ABA (Routing) #:

PART 3. AUTHORIZATION SIGNATURE

I certify the accuracy of the information provided, take full responsibility for the fee payment authorization, and acknowledge that the custodian is not liable for any resulting consequences. I agree not to dispute any charges or withdrawals made by Horizon Trust for the fees owed and agreed upon.

Signature of Account Owner:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>