



BILL PAY FORM
ASSET EXPENSE AND/OR SIGNATURE REQUEST

MAILING ADDRESS
Horizon Trust Company
P.O. Box 30007
Albuquerque, New Mexico 87190

FOR OVERNIGHT NIGHT MAIL ONLY:
Horizon Trust Company
6301 Indian School Rd. NE, Suite 614
Albuquerque, NM 87110

ACCOUNT HOLDER INFORMATION

Name : _____ Account N° : _____
Primary Contact Number : _____ Email Address : _____

PROCESSING ELECTIONS (choose one)

Normal Processing (3-days, no charge) Expedited Processing (\$50 fee, same day if received by 11am MT)
**Default is Normal Processing if no election is made*

ASSET INFORMATION

FOR THIS BILL PAY REQUEST PLEASE INCLUDE A COPY OF THE INVOICE FOR THE ASSET

Asset Description : _____ ARN# (Asset Reference Number) : _____

DOCUMENTS FOR SIGNATURE

I authorize the execution of the following documents listed below:

1: _____ 2: _____

Regular Mail Overnight (Overnight \$40 fee)

Fax Number : _____ Email: _____

Mail To:

City : _____ State : _____ Zip: _____

PAYMENT INSTRUCTIONS

Amount: \$ _____

Payment Options:

Fund by Check (\$5) Default if no election is made Fund by Check & Mail Overnight (\$45)
 Fund By Cashiers Check & Overnight (\$55) Fund By Wire

Make Check Payable To: _____ Bank Name: _____

Mail To (If different from payee): _____ ABA Routing #: _____

Address: _____ Name on Account: _____

City: _____ Account #: _____

State: _____ Zip: _____ For Further Credit to (Client Name): _____

Reference (Optional): _____ Reference (Optional): _____

My IRA account is self-directed and I alone am responsible for the selection, due diligence, management, review and retention of all investments in my account. I agree that the Custodian are not a "fiduciary" for my account, as the term is defined by in the Internal Revenue Code, ERISA or any other applicable federal, state or local laws. I hereby direct the Custodian, in a passive capacity, to enact this transaction for my account, in accordance with my agreement. I have read and received all pertinent information relating to the investment named herein.

Signature : _____ Date : _____

THIS FORM CAN BE FAXED,E-MAILED OR MAILED AFTER SIGNATURE.