



IRA CONTRIBUTION ONE TIME OR REOCCURRING ACH 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

P: 888-205-6036 • F: 505-288-3905 • Operations@Horizontrust.com

PARTICIPANT INFORMATION

Name : _____ Account N° : _____

Primary Contact Number : _____ Birthdate : _____

CONTRIBUTIONS TO BE MADE

I hereby authorize Horizon Trust Company, through Wells Fargo, to initiate debit entries to my account at the Financial Institution indicated below and for the Financial Institution to debit the same to such an account through the Automated Clearing House (ACH) system, subject to the rules of the Financial Institution. Until I give written instructions to the contrary, I direct the Custodian or Trustee to debit the amount requested as follows:

1. Date Payment to Commence : _____

2. Contributions to be made: One Time ACH Monthly Quarterly (Jan, Apr Jul, Oct) One Time Check

Day: _____ Day: _____

If making one time contribution, please make check out to **Horizon Trust Company FBO "Your Name"*

CONTRIBUTION INFORMATION

Contribution Type:

- | | | | | |
|--------------------------------------|---|-----------------------------------|------------------------|--|
| <input type="checkbox"/> Traditional | <input type="checkbox"/> SEP | <input type="checkbox"/> Employee | \$ _____ | <input type="checkbox"/> Contribution |
| <input type="checkbox"/> Roth | <input type="checkbox"/> Simple | <input type="checkbox"/> Employer | \$ _____ | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> CESA | <input type="checkbox"/> Individual K | <input type="checkbox"/> Employee | { Roth \$ _____ | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> HSA | <input type="checkbox"/> Safe Harbor 401(k) | <input type="checkbox"/> Employer | { Traditional \$ _____ | <input type="checkbox"/> Conversion |
| | | | { Roth \$ _____ | <input type="checkbox"/> Re-Characterization |
| | | | { Traditional \$ _____ | |

Amount: _____ Tax Year: _____

Check this box if your contribution is a one-time Check ACH contribution. "You are sending in a check with this form."

ATTACH VOIDED CHECK HERE FOR ACH'S

Account Owner's Signature : _____ Date : _____