



BILL PAY FORM

RECURRING BILL PAY REQUEST ACH

HORIZON TRUST COMPANY
6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

ACCOUNT HOLDER INFORMATION

Name : _____ Account N^o : _____

Primary Contact Number : _____ Email Address : _____

PROCESSING ELECTIONS *(choose one)*

Normal Processing *(3-days, no charge)*
**Default is Normal Processing if no election is made*

Expedited Processing *(\$50 fee, same day if received by 11am MT)*

ASSET INFORMATION

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

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

RECURRENT ASSET EXPENSE SCHEDULE

Start Date *(mm/dd/yy)*: _____

Monthly Quarterly

Amount: _____

Other *(specify)* _____

Discontinue Date *(mm/dd/yy)* : _____

**Only sign and date the signature line corresponding with your request. If you choose both a start and a discontinue date, you must sign both signature lines.*

PAYMENT INSTRUCTIONS

Amount: \$ _____

Payment Option: Fund by ACH *(\$5)*

Bank Name: _____

ABA Routing #: _____

Name on Bank Account: _____

Account #: _____

For Further Credit to *(Client Name)*: _____ 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.