



# BILL PAY FORM ASSET EXPENSE AND/OR SIGNATURE REQUEST

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## 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.