



# IRA CONTRIBUTION ONE TIME OR REOCCURRING ACH REQUEST

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

Phone: 888-205-6036  
Fax: 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"***

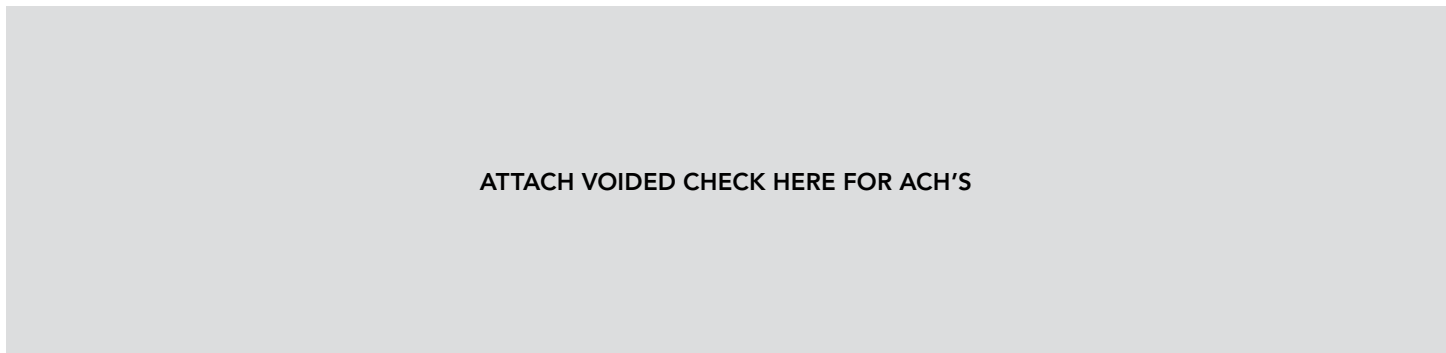
## CONTRIBUTION INFORMATION

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."



Account Owner's Signature : \_\_\_\_\_ Date : \_\_\_\_\_