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Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

## PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits: (XXX-XX-####)	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## PART 2. PAYMENT INFORMATION

### Payment Frequency *(Select One)*

- Option A: One-Time Charge authorization for the following amount: \$
- Option B: All Account Charges for all annual fees and subsequent fees.

## PART 3. PAYMENT METHOD

### Option 1. Credit Card

Select a Credit Card Type:

- Visa  Mastercard  American Express  Discover

Cardholder Name:

Card Number:

Expiration Date: (MM/YY)

Security Code:

Billing Address:

Apt/Unit/Ste:

City:

State:

Zip:

### Option 2. ACH *(When selecting ACH as your payment option, a voided check must be submitted with the payment authorization form.)*

Bank Name:

Phone:

Bank Address:

City:

State:

Zip:

Account #:

Type:

- Checking  Savings

ABA (Routing) #:

## PART 4. AUTHORIZATION SIGNATURE

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**Important:** I certify that all information provided by me is true and accurate. All decisions regarding this fee payment authorization are my own. I assume responsibility for any consequences that may result from this transaction and I agree that the custodian is not responsible for any consequences that may arise from executing this fee payment authorization .

Signature of Account Owner: <input type="text"/>	Account Owner Name: <i>(Print or Type)</i> <input type="text"/>	Date: <i>(MM/DD/YYYY)</i> <input type="text"/>
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