



## Automatic Payment Service Authorization Agreement

Please include a COPY of a **voided check** and a **valid proof of identification** to match the name on check (e.g., driver's license, state I.D., passport, etc.).

**Bank drafts are typically processed on the third of each month or the next business day if it falls on a weekend or holiday.**

Month to Begin Draft: \_\_\_\_\_ 2025

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Horizons Account(s) to be paid: (806) \_\_\_\_\_ - \_\_\_\_\_ (806) \_\_\_\_\_ - \_\_\_\_\_  
(806) \_\_\_\_\_ - \_\_\_\_\_ (806) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Horizons Communications and the financial institution designated to make automatic payments from the account I have specified on this authorization form. I understand that this authority is to remain in effect until canceled in writing by either myself, Horizons Communications, or the financial institution designated.

**Please enclose a VOIDED CHECK showing your ACCOUNT NUMBER and Transit Routing/ABA number.**

Financial Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Institution City/State/Zip: \_\_\_\_\_

Transit Routing/ABA Number: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

***Please Sign Below as it appears at your financial institution:***

\_\_\_\_\_

Date: \_\_\_\_\_