



Automatic Payment Service Authorization Agreement

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: _____

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.

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: _____