



ESCROW DISBURSEMENT 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

ACCOUNT INFORMATION

Name: _____

Horizon Trust Account No.: _____ Tax ID: _____

Address: _____

City/State/Zip: _____ Phone No.: _____

DISBURSEMENT INSTRUCTIONS

Disburse to (Payee): _____ Payment Amount: _____

Payee Address: _____

City/State/Zip: _____ Payment Date: _____

Purpose of Payment: _____

Special Instructions (if applicable): _____

PAYMENT DELIVERY

Check

Address: _____

City: _____ State: _____ Zip: _____

Wire

Account Name: _____

ABA Routing #: _____ Account #: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

ACH *(Attach a preprinted voided check/deposit slip on page 2)*

Account Name: _____

ABA Routing #: _____ Account #: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

ATTACH A PREPRINTED VOIDED CHECK/DEPOSIT SLIP HERE

SIGNATURE(S)

Authorized Signor Name: _____

Signature: _____ Date: _____

Authorized Signor Name *(if applicable)*: _____

Signature *(if applicable)*: _____ Date *(if applicable)*: _____

Authorized Signor Name *(if applicable)*: _____

Signature *(if applicable)*: _____ Date *(if applicable)*: _____