

Wire Transfer Draw-Down Authorization

This form requests Horizon Bank to honor wire transfer draw-down requests as described below.

AUTHORIZATION AGREEMENT FOR DRAW-DOWN TRANSFERS

Name: _____ Company Account #: _____
(Horizon Bank routing number: 1119-0794-0)

I (we) hereby authorize Horizon Bank, SSB, to act on our behalf to respond to a "Wire Transfer Draw-Down Request" from the company listed below. The response will result in the initiation of a charge to our account and the creation of an outbound wire transfers to the Checking or Savings Account(s) for the company and the Depository/Institution named below. I certify that I am the owner or an authorized signer on these accounts and have unlimited withdrawal or deposit rights on the depository's records. I (we) acknowledge that the origination of wire transfers to this account must comply with the provisions of U.S. law. This authorization shall remain in effect until the bank is notified in writing to cancel the service.

PURPOSE OF TRANSFERS Payroll Transfers Corporate Transfers Other _____

COMPANY/DRAW-DOWN RECIPIENT

Recipient Name: _____ Depository/Institution Name: _____

City: _____ State: _____ Zip Code: _____

Routing #: _____ Account #: _____ Type: Checking Savings

Maximum Limitation of Draw-Down: Balance in Account Other: _____

(This authorization is to remain in full force and effect until the bank has received written notification from an authorized representative of our institution of its termination in such time and in such manner as to afford the bank a reasonable opportunity to act).

FUNDING ACCOUNT

Account Name: _____

Authorized By: _____ Title: _____

Signature: _____ Date: _____

CONTACT INFORMATION FOR INQUIRIES REGARDING THIS AUTHORIZATION

Phone Number: _____ Email for Authorized Representative: _____

FAX SIGNED AUTHORIZATION TO (254) 947-8635

For Bank Use Only

Input Date: _____ By: _____

Date Verified: _____ By: _____