AUTHORIZATION FOR ACH CREDIT (Direct Deposit)

I authorize Insured Titles, LLC to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

(Check one)
____ Checking Account
____ Savings Account

_____
Name of Financial Institution
_____
City/State of Branch

Name as it appears on Account:_____

Authorized Signature_____ Date Signed _____

Transit/Routing (ABA) Number

Account Number Information

To ensure accuracy, please attached a voided check or a checking or savings deposit ticket and return to: Insured Titles, Long Term Escrow, 1724 Fairview Avenue, Missoula, MT 59801 or FAX to 406/728-5892.