Save time and postage! Sign up for an Automatic Payment today!
Call our Long Term Escrow Department at 406/728-7900 if you have questions about this FREE service!

AUTHORIZATION FOR ACH DEBIT

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

(Check one)
____ Checking Account
____ Savings Account

_____
Name of Financial Institution

_____
City/State of Branch

Please draft $_____ on the ____ day of each month for application to Escrow Account No. _____. The date of the first draft will be _____. Drafts will continue monthly on this day until I instruct a change or termination of draft, or pay off the referenced Escrow Account. I understand that Insured Titles may cancel this agreement at any time with written notice.

I understand that should the date authorized to draft fall on a weekend or holiday, funds will be transferred the following business day. My signature below authorizes Insured Titles, LLC to charge to my account the return item fee of $20.00 for any ACH Debit that is returned for non-sufficient funds.

Authorized Signature_____ Date Signed _____

Transit/Routing (ABA) Number

Account Number Information

Please attached a voided check or savings withdrawal ticket and return to:
Insured Titles, Long Term Escrow, 1724 Fairview Avenue, Missoula, MT 59801
Allow 3-5 days mail/processing time for first draft.