

AUTHORIZATION FOR ONE TIME ACH DEBIT

There is a \$20.00 fee for this service – it will be added to the amount I authorize below.

Any payment that is not scheduled to draft automatically on the same day of each month or quarter is deemed a “one time” ACH Debit. I authorize Insured Titles, LLC to initiate an electronic debit entry, and if necessary, credit entry and/or adjustment for any debit entry in error to my:

Checking Account

Savings Account

Financial Institution

Branch/City, State

Transit/Routing (ABA) Number:

Account Number:

Name as appears on Account: _____

Please draft \$ _____ from the above referenced bank account.

Apply funds to Escrow Account No. _____.

A one time payment, or payment drafted irregularly, requires a manual set-up for Insured Titles.

Insured Titles charges a \$20.00 fee for this service.

The \$20.00 fee will be added to the amount authorized above.

I agree to pay a return item fee of \$20.00 to Insured Titles if my ACH Debit is returned for non-sufficient funds. My signature herein authorizes Insured Titles to add this \$20.00 fee to their attempt to redraft any payment returned for non-sufficient funds.

Signature _____ Date _____

Contact Phone Number for Signor: _____

Please fax signed form to 406.728.5892, or e-mail to ssmith@insuredtitles.com.

ACH Cutoff Time is 4:00 p.m.

Form must be received by 3:30 p.m. to ensure draft can occur next business day.

Your payment will be credited to your account on the business day following receipt of this authorization.

Funds will draft from your account on the business day following receipt of this authorization.

If you need your payment to be credited today, please contact your bank and request they wire transfer funds to our account. We do not have the ability to draft payments same day.