

ACH DRAFT or DIRECT-DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBIT/CREDIT

I (We) hereby authorize ESCROW FUNDING to initiate debit/credit entries into my (our) CHECKING/SAVINGS account indicated below, and the depository named below to debit/credit the same to such account.

NAME: _____ ESCROW FUNDING
ACCOUNT #: _____

EMAIL ADDRESS: _____

ACCOUNT TYPE: CHECKING ACCOUNT SAVINGS ACCOUNT

BANK NAME: _____

ABA/ROUTING # _____ BANK ACCOUNT # _____

* * BANK VERIFICATION IS REQUIRED * *

e.g. voided check, direct-deposit form from bank

REQUEST WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK OR OTHER
VERIFICATION OF ACCOUNT OWNERSHIP

COMPLETE THIS SECTION FOR DRAFTS ONLY - not direct-deposit

- The draft date must be within the account grace period
- The draft amount must cover the total payment amount due - no partial payments
- If the scheduled draft date falls on a weekend or holiday, the debit will occur on the next business day
- RETURNED ITEMS will incur a \$60.00 fee and must be replaced with a cashier's check or money order
- NOTIFICATION MUST BE RECEIVED 3 BUSINESS DAYS IN ADVANCE TO PROCESS A NEW DRAFT OR TO CHANGE AN EXISTING DRAFT

MONTHLY DRAFT DATE _____ DRAFT AMOUNT \$ _____

Available Draft Dates: 1st, 3rd, 4th, 5th, 10th, 15th, 18th, 20th, 25th, 30th

I understand that if tax/insurance escrows are included, the draft amount may increase/decrease based on fluctuations in the required escrow deposit. This authorization is to remain in full force and effect until ESCROW FUNDING has received written notification from me (us) of its termination in such time and in such manner as to afford ESCROW FUNDING and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM TO ESCROW FUNDING:

Mail: 3445 N. Causeway Blvd., Suite 707, Metairie, LA 70002

Fax: 504-833-3592

e-mail: info@escrowfunding.net