

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

STEVENS COUNTY TITLE ESCROW ACCT # _____

Customer Name _____ **Phone Number** _____

I (we) hereby authorize **STEVENS COUNTY TITLE**, hereinafter called COMPANY, to initiate credit entries to my (our) **Checking Account**/ **Savings Account (select one)** indicated below at the depository financial institution named below, and to debit the same to such account. If you have a money market account, please contact your financial institution to see whether that account should be coded as a Checking or Savings Account. Stevens County Title can only initiate transfers into accounts that can be coded as a Checking or Savings Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Stevens County Title will need a separate Direct Deposit authorization agreement for each account that you may have with the company. We will continue to process payments as we currently do however, the length of time that it takes banks to process ACH transactions varies; it is your responsibility to ensure that funds are deposited and available for use.

Bank Name _____	Branch Location _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____
This account is a ____ Checking Account ____ Savings Account . Please select only one.	
This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.	
Date _____	Signature _____
NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT. NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS <u>MUST</u> PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.	

Please DO NOT attach a deposit slip. A voided check is required for routing # purposes.