

# AUTHORIZATION FOR ACH CREDIT (Direct Deposit)

Escrow Account # \_\_\_\_\_

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: \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Transit/Routing (ABA) Number**

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**Account Number Information**

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**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.**

**PLEASE REVIEW THE FOLLOWING:**

**I want to receive my payment notifications via e-mail to:** \_\_\_\_\_

**I am interested in viewing my account information online. My preferred user name is** \_\_\_\_\_  
**E-mail login information to:** \_\_\_\_\_