Save time and postage! Sign up for an Automatic Payment today!
Call our Long Term Escrow Department at 406/532-0209 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 and my payment will be credited on the following business day. I am responsible for any late fees that accrue if the draft date falls beyond my grace period. 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 _____

What phone number can we call you at with any questions about this authorization?:_____

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.

PLEASE REVIEW THE FOLLOWING:

___ **I want to receive my receipt via e-mail to: _____**

___ **I am interested in viewing my account information online.**

My preferred user name is _____

E-mail login information to me at: _____

You may mail this form, fax it to (406) 728-5892, or e-mail to lte@insuredtitles.com.