

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: _____

Are you aware you can access your account online? Sign up at: <https://client.edsnotepro.com/signup>

Call 406.532.0209 or email LTE@insuredtitles.com with any questions.