

AUTOMATIC DRAFTING AUTHORIZATION FORM

for ACH Recurring Payments

on

ESCROW SPECIALISTS ACCO	UNT #	
CUSTOMER(S) NAME:		
I of every month for the to (This date must be before the end of the en	regular payment du	pecialists Inc. to charge my bank account indicated below of e for the Escrow Specialists account number listed above. word any late fees.)
		he regular payment. It is understood that funds must be receive verification of payment in the form of my monthly
Bank information and authorized sign	nature follows:	
Bank Name	Phone #	Name as it appears on the bank acct.
Routing Number	FOR	iting Number Account Number
Account Number	2.0	2222222:000 111 555" 1027
Authorized Signature*	Date	Phone #
Authorized Signature*	Date	Phone #
* A - 41 1 Ci 4 1 41	:4	4h - D1- A4

Authorized Signature must be the same as it appears on the Bank Account.

Note: Please include a voided check or copy of voided check for further verification if Possible. Deposit tickets sometimes do not have the correct routing number.

1. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Escrow Specialists in writing of any changes in my account information or termination of this authorization at least 5 business days prior to the next payment date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) the payment will be considered unpaid and I understand that Escrow Specialists may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$10.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. In the event where any amount is referred to a collection agency and/or law firm, I will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.