



Direct Deposit Authorization Form

Please print and complete ALL the information below.

ESCROW SPECIALISTS ACCOUNT # _____

CUSTOMER(S) NAME: _____

Bank information and authorized signature follows:

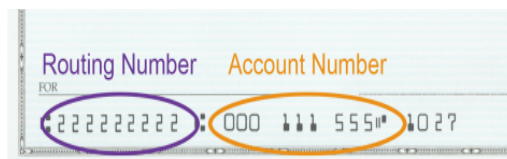
Bank Name

Phone #

Name as it appears on the bank acct.

Routing Number

Account Number



Type of Account: Checking Savings (Circle One)

Escrow Specialists is hereby authorized to directly deposit my funds to the account listed above. This authorization will remain in effect until I modify or cancel it in writing. I will receive verification of deposit in the form of my monthly seller advise statement.

Authorized Signature*

Date

Phone #

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