AUTOMATIC DRAFTING AUTHORIZATION FORM

for ACH Recurring Payments

ESCROW SPECIALISTS ACCOUNT #_____

CUSTOMER(S) NAME: _____

I _____ authorize Escrow Specialists Inc. to charge my bank account indicated below on the _____ of every month for the regular payment due for the Escrow Specialists account number listed above. (This date must be before the end of the grace period to avoid any late fees.)

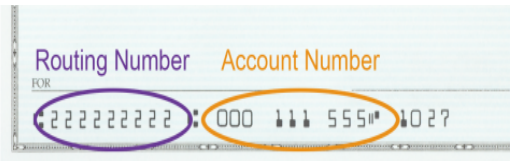
For this service, a $1.00 service charge will be added to the regular payment. It is understood that funds must be available for this debit on the date indicated above. I will receive verification of payment in the form of my monthly payment receipt/billing statement.

Bank information and authorized signature follows:

_____	_____	_____
Bank Name	Phone #	Name as it appears on the bank acct.

_____
Routing Number

_____
Account Number



_____	_____	_____
Authorized Signature*	Date	Phone #
_____	_____	_____
Authorized Signature*	Date	Phone #

* 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. Please note 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 the additional retuned payment 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.
2. With Consideration to the Utah Good Funds Act we request all payments over $10,000 be paid with guaranteed funds (i.e. cashier's check, money order, or wire) to avoid any delay with releasing funds. Any funds not paid with guaranteed funds may be held for 5-10 business days to ensure good funds.

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