



### Direct Deposit Authorization

Please print and complete ALL the information below.

ESCROW SPECIALISTS ACCOUNT # \_\_\_\_\_

CUSTOMER(S) NAME: \_\_\_\_\_

Email: \_\_\_\_\_

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

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.