

AUTHORIZATION FOR AUTOMATIC DEBITS

Escrow Collection No. _____

I/We authorize Cascade Escrow to initiate debit entries to my/our checking savings account (check one) indicated at the depository financial institution named below, and to debit the same to such account. I (We) further authorize Cascade Escrow to credit or debit the account for entries made in error.

All parties acknowledge that it is the responsibility of the undersigned to confirm credits and/or debits with the depository listed below. Cascade Escrow is hereby held harmless from any liability or responsibility if the undersigned does not confirm debits with their depository, which may result in overdraft fees or other consequences. The undersigned hereby acknowledge that Cascade Escrow is held harmless from any liability or responsibility, concerning errors resulting from the handling of the accounts and funds by the depository for Cascade Escrow or the depository of the undersigned.

I (We) hereby authorize a deduction to be taken from this account as set forth below. This authorization is to remain in full force and effect until Cascade Escrow has received a 30-day written notification from me (or either of us) of its termination. (Please allow approximately 30 days from the date of receipt by Cascade Escrow for service to begin. If a payment is due within that 30-day period, please make your payment by check). The undersigned authorizes Cascade Escrow to adjust this amount when changes occur in reserve payments and/or processing fees.

MONTHLY PAYMENT AMOUNT TO DEBIT:\$ _____

DATE TO BEGIN AUTOMATIC DEBIT: ____ / ____ / ____ **(same day of each month)**
Month/Day/Year

BANK NAME: _____ **TELEPHONE#:** _____

BANK STREET ADDRESS: _____

BANK CITY, STATE, ZIP: _____

BANK ABA ROUTING#: _____ **(Must be 9 Digits)**

BANK ACCOUNT#: _____

***** You must attach a Voided Check with this form if the Automatic Deduction is coming from a Checking Account * OR * attach a Deposit Slip if Automatic Deduction is coming from a Savings Account. *****

Cascade Escrow reserves the right to refuse this service on those accounts with a history of non-sufficient funds or checks returned for other reasons. If a debit is refused by the financial institution for non-sufficient funds, a Cashiers Check for the replacement of these funds will be required and this service will be terminated.

NAME: _____ **DATE:** _____

NAME: _____ **DATE:** _____