

AUTHORIZATION FOR AUTOMATIC DEPOSIT

Escrow Collection No. _____

I/We authorize Cascade Escrow to initiate credit entries to my/our checking savings account (check one) indicated at the depository named below, and to credit 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 credits 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.

It is understood that there may be a one-month test period, in which funds will be disbursed by check, before the electronic transfer is in place. **This service may be utilized for checking and savings accounts only.**

This authority will remain in full force and effect until Cascade Escrow has received 30 day written notification from any of the undersigned or their heirs or personal representatives or other legally authorized person, of its termination.

NOTE: Average time of deposit is 48 hours after being sent from Cascade Escrow.

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 Deposit is going into a Checking Account * OR * attach a Deposit Slip if Automatic Deposit is going into a Savings Account. *****

NAME: _____ **DATE:** _____
(PLEASE SIGN & PRINT NAME)

NAME: _____ **DATE:** _____
(PLEASE SIGN & PRINT NAME)