

AUTHORIZATION FOR AUTOMATIC DEPOSIT

Escrow Collection No	
	ny/our checking savings account (check one) indicated ch account. I (We) further authorize Cascade Escrow to credit
listed below. Cascade Escrow is hereby held harmless from confirm credits with their depository, which may result in or	verdraft fees or other consequences. The undersigned hereby y liability or responsibility, concerning errors resulting from
It is understood that there may be a one-month test period, in electronic transfer is in place. This service may be utilized	
This authority will remain in full force and effect until Casc of the undersigned or their heirs or personal representatives	ade Escrow has received 30 day written notification from any 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#:	
BANK ACCOUNT#:	The Automatic Deposit is going to a Checking Account *
NAME:	DATE:
SIGNED:	_
NAME: (PLEASE PRINT)	DATE:
SIGNED:	_

811 Willamette Street, Eugene, OR 97401 Phone: 541-685-1298 | Fax: 541-485-0307