

# Automatic Payment Authorization

To set up an automatic payment to make your monthly payment via ACH transfer complete this form and return to:

Title Financial Specialty Services  
PO Box 339  
Blackfoot, Idaho 83221  
lfe-collections@titlefss.com  
Phone 208-785-2515 / Fax 208-785-2575

I/We Authorize Title Financial Specialty Services to debit (charge):

\_\_\_ Checking      Account No. \_\_\_\_\_      Routing No. \_\_\_\_\_  
\_\_\_ Savings      Account No. \_\_\_\_\_      Routing No. \_\_\_\_\_

at \_\_\_\_\_ (Name of Financial Institution in the amount of  
\$ \_\_\_\_\_ (Payment Amount **including** any reserve & escrow fees) on the  
\_\_\_ day of each month beginning \_\_\_\_\_ (Month, Day, Year) for  
payment application to Escrow Account # \_\_\_\_\_.

**In the event the buyer(s) financial institution reverses a credit through the automatic debit withdrawal, for any reason, the Escrow Holder reserves the right to immediately re-debit the insufficient funds along with a \$35.00 fee and cancel the ACH transfer option.**  
I/We also understand that any changes to the above information must be provided to Title Financial Specialty Services in writing 10 days prior to the withdrawal date.

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature      Date

**Please attach a voided check or savings withdrawal slip from your financial institution to ensure we have the correct account number and routing number.**

**Note our office is closed on the following dates:**

**New Year's Day  
Martin Luther King Day  
Presidents' Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Thanksgiving Day & Day After (Friday)  
Christmas Day**