

Direct Deposit Authorization

To take advantage of this FREE service, complete this authorization form & include a voided deposit slip for your checking or savings account. It's that easy!

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

The following information must be completed & returned for setup:

Account Type: Checking ____ Savings ____

Account Name: _____

Account Number: _____

Routing (ABA) Number: _____

Financial Institution Name: _____

Financial Institution Address: _____

City, State, Zip: _____

Financial Institution Phone #: _____

I/We hereby authorize Title Financial Specialty Services to initiate deposits to my/our account as indicated above & the depository named above by ACH Credit. These deposits are proceeds from Escrow Account # _____.

Printed Customer Name(s): _____ **Phone #:** _____

Authorized Signature: _____ **Date:** _____

Note our office is closed on the following dates:

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