

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
Juneteenth
Independence Day
Labor Day
Columbus Day
Thanksgiving Day & Day After (Friday)
Christmas Day**