618 N. 2nd Ave. | P.O. Box 515
Stayton, Oregon 97383 | (503) 769-6444
SANTIAM ESCROW | COLLECTION ESCROW SERVICES

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS (ACH DEBIT)

Collection Escrow #:

I (we) authorize Santiam Escrow, Inc. to initiate debit entries at the financial institution named below and to debit the same account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with U.S. law.

PAYMENT SCHEDULE

Charge my (our) account $ _____ plus collection fee on day _____ of each month.

Begin withdrawals (MM/DD/YYYY): _____ Apply to Collection Escrow # _____

If the selected date falls on a weekend or holiday, the account will be debited on the next business day.

ACCOUNT HOLDER AND BANK INFORMATION

Name on Bank Account:

Bank name:

Bank location (city/state):

Bank routing no.:

Bank account no.:

Account type: ☐ Checking ☐ Savings

Santiam Escrow, Inc. reserves the right to examine past payment records and refuse this service to accounts with two or more non-sufficient-funds payments. If a debit is refused for non-sufficient funds, a cashier's check will be required to replace the funds and this service will be terminated. This authorization remains in effect until Santiam Escrow, Inc. receives 30 days' written notice of termination from me (or either of us).

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Daytime telephone no.:

REQUIRED BANK DOCUMENTATION

Cannot be set up without a voided check or account information on bank letterhead.

ATTACH VOIDED CHECK HERE