

LOCALLY OWNED SINCE 2004

222 NE "B" Street Grants Pass, OR 97526 / PO Box 697 Grants Pass, OR 97528 P. 541-955-6672 F. 541-955-6673

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

Collection Escrow #				
necessary, debit entries for con- which is later dishonored for debit entries are authorized to Account (select one) as indica- such account. I (we) ackno- comply with the provisions of	rection purposes or to reimbut any reason, including any feet to be made to my (our) Checking the telested below at the financial instance of U.S. Law. I (we) further ack liable for any overdraft or oth	rse funds deposes related to a description of the second of the second of the second of ACH transation of the second of the seco	s., to initiate credit entries and, if sited by check or other instrument lishonored instrument. Credit or or Savings below, and to credit the same to ctions to my (our) account must Pacific Trust Deed Servicing my (our) account which result from	
	CH Credit to your bank acosit to show in your accou		immediate. Please allow 2-4	
Financial Institution				
Name:		Phone:		
Mailing Address:				
City:		State:	Zip:	
Routing No		Account No.		
	in in full force and effect unt en notification from me (or eit		st Deed Servicing Company, termination.	
Name: (Please Print)				
Social Security Number:				
Date:	Signature:			
Name:(Please Print)				
Social Security Number:				
Date:	Signature:			
Daytime Telephone Number				
DI FASE ATTACH A VOID	VED CHECK FOD CHECK	ING ACCOL	INTS OD HAVE VOLID BANK	

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS OR HAVE YOUR BANK PROVIDE AN ADVICE OF BANKING THAT HAS THEIR ROUTING NUMBER AND YOUR ACCOUNT NUMBER FOR SAVINGS ACCOUNTS.

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.