



Pacific Trust Deed Servicing Co., Inc.

Phone: (541) 955-6672 * Fax: (541) 955-6673

P.O. Box 697 * Grants Pass, OR 97528 * 225 N.E. "C" Street, Grants Pass, OR 97526

AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS (ACH DEBIT)

Collection Escrow # _____

I (we) hereby authorize **Pacific Trust Deed Servicing Company, Inc.** to initiate debit entries to my (our) Checking _____ or Savings _____ Account (select one) as indicated below at the financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (We) represent to **Pacific Trust Deed Servicing Company, Inc.** that I (we) have reviewed the names, routing and account numbers and that they are accurate and complete. I (we) acknowledge that **Pacific Trust Deed Servicing Company, Inc.** is not liable for any losses or damages caused by errors in any information provided herein.

Please charge my (our) account \$ _____ on the _____ day of each month beginning _____, and apply it to my Collection Escrow Account, listed above. If the date I (we) have selected falls on a weekend or holiday, our account will be debited on the following business day.

PLEASE BE ADVISED: We are unable to debit any payment in excess of \$5000.00. Exceptions may be made subject to manager approval.

Financial Institution

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Routing No. _____ Account No. _____

Pacific Trust Deed Servicing Company, Inc. reserves the right to examine past payment records and refuse this service to those accounts with one or more non-sufficient funds check received. If a debit is refused by the financial institution for non-sufficient funds, a cashier's check for replacement of these funds will be required and **Pacific Trust Deed Servicing Company, Inc.** reserves the right, at its sole and absolute discretion, to refuse future ACH payments. **Pacific Trust Deed Servicing Company, Inc.** further reserves the right to present for payment a second time any debit once dishonored by a financial institution.

This authorization is to remain in full force and effect until **Pacific Trust Deed Servicing Company, Inc.** has received 30 day written notification from me (or either of us) of its termination.

Name: _____
(Please Print)

Social Security Number: _____

Date: _____ Signature: _____

Name: _____
(Please Print)

Social Security Number: _____

Date: _____ Signature: _____

Daytime Telephone Number _____

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS OR TAKE THIS FORM TO YOUR BANK TO FILL IN THEIR ROUTING NUMBER AND YOUR ACCOUNT NUMBER FOR SAVINGS ACCOUNTS.

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