

Electronic Credit Authorization

Please fill out and return with a *voided check* from your checkbook.

I authorize ESCROW MONTANA, LLC, FIRST INTERSTATE BANK and the financial institution listed below to initiate electronic entry to my Checking Account or Savings Account (Please check one). This authority will remain in effect until I have canceled it in writing.

- The credit will be on the _____ day of the month for \$ _____.

OR

- I realize the day of month/amount may differ & authorize you and the financial institution to initiate electronic entry to my account. _____(please initial)
- NSF. If payment has been made from Payors/Buyers account and is returned for any reason Escrow Montana reserves the right to reverse the transaction and deduct funds from Payee/Sellers account _____(please initial)
- A consumer may stop payment of a preauthorized electronic fund transfer from the consumer's account by notifying Escrow Montana, LLC orally or in writing at least three (3) business days before the scheduled date of transfer.
- Escrow Montana, LLC may also consider using the model clause for electronic collection of returned item fees in appendix A to part 1005. Refer to A-8-Model Clause for Electronic Collection of Returned Item Fees (section 1005.3 (b)(3))

The authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Financial Institution

Name (Please Print)

City/State

Signature

Account Number

Date

Routing and Transit Number

Initial

I understand that the above company may initiate a reversal of any entry made under this agreement if an error has been made. agreement.

Attach Voided Check Here