

Electronic Credit Authorization

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

I authorize ESCROW MONTANA, LLC and the financial institution listed below to initiate an 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.

- I authorize you and the financial institution to initiate an electronic entry to my account. _____(please initial)

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.

_____	_____
Name (Please Print)	Financial Institution
_____	_____
Signature	City/State
_____	_____
Date	Account Number

	Routing and Transit Number

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

Attach Voided Check Here