

# Electronic Debit 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 deduction from 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 (Your Bank Name)\_\_\_\_\_ to initiate electronic entry to my 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 Escrow Montana, LLC has received written notification from me of its termination in such time and in such manner as to afford Escrow Montana, LLC and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Financial Institution (Bank Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City/State

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
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