

Stewart Escrow Services
ACH Authorization Form

Funds to be Deposited to:

Escrow No.

Bank Name: _____

Bank Routing Number (9 digits): ____ _

Account number: _____

Type of account: Savings or Checking **(Please circle one)**

Accountholder Name – Printed

Date

Accountholder Signature

(____)____-_____
Telephone Number

Email Address (optional)

I authorize Stewart Escrow Services and the financial institute named above to initiate entries to my checking/savings account. This authorization will remain in effect until I notify Stewart Escrow Services in writing and cancel it in such time to afford the financial institute a reasonable opportunity to act on it. I understand that Stewart Escrow Services may cancel this agreement at any time with written notice. I understand that should the date authorized to deposit falls on the weekend or holiday, funds will be transferred the following business day.

**** PLEASE COMPLETE AND RETURN TO STEWART ESCROW SERVICES ****
320 West Broadway, Ste. A, Missoula, MT 59802
FAX# 406-728-1502

Please attach a voided check below (deposit slip will not be accepted).

**On-line payment history viewing is another great free service! If you would like to find out more
please call (406) 541-1500 or email: jennifer@stewartmt.com**