

# Stewart Escrow Services

## ACH Authorization Form

Funds to be withdrawn from:

Escrow No:

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_ \_

Account number: \_\_\_\_\_

Type of Account (**circle one**): Savings or Checking

Bank Address: \_\_\_\_\_  
Street City, State Zip Code

Please transfer \$ \_\_\_\_\_ on the (**circle one**) 1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>, 28<sup>th</sup> of each month

beginning \_\_\_\_\_, 2015.

\_\_\_\_\_  
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, but no less than 2 business days before the date authorized. Should I want to change the amount authorized, I will first notify Stewart Escrow Services 2 days in advance of my account being debited. I understand that Stewart Escrow Services may cancel this agreement at any time with written notice. I understand that should the date authorized to draft falls on the weekend or holiday, funds will be transferred the following business day. **Call 406-541-1500 if you have any questions.**

**\*\*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.