

IF YOU ARE RECEIVING PAYMENTS

AUTHORIZATION FOR ACH CREDIT (Direct Deposit)

Escrow Account # _____

I authorize First Montana Title of Hamilton, Inc. to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

(Check one)

____ Checking Account
____ Savings Account

Name of Financial Institution

City/State of Branch

Name as it appears on Account: _____ Phone # _____

Authorized Signature _____ Date Signed _____

Transit/Routing (ABA) Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number Information

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

To ensure accuracy, please attached a voided check or a checking or savings deposit ticket and return to:
First Montana Title Escrow, PO Box 513, Hamilton, MT 59840 or FAX to 406-363-6960.

PLEASE REVIEW THE FOLLOWING:

____ I want to receive my payment notifications via e-mail to: _____

____ I am interested in viewing my account information online. My preferred user name is _____
E-mail login information to: _____