



*Panhandle
Escrow*

Company, Inc.

AUTHORIZATION FOR AUTOMATIC DEBITS

I/we authorize Panhandle Escrow Company, Inc. to initiate debit entries to my/our _____ Checking _____ Savings account (check one) indicated below at the financial institution named below, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of US Law. I/we further authorize Panhandle Escrow Company Inc. to credit or debit the account for entries made in error.

All parties acknowledge that it is the responsibility of the undersigned to confirm credits and/or debits with the financial institution listed below. Panhandle Escrow Company, Inc. is hereby held harmless from any liability or responsibility if the undersigned does not confirm debits with their financial institution, which may result in overdraft fees or other consequences. The undersigned hereby acknowledge that Panhandle Escrow Company, Inc. is held harmless from any liability or responsibility concerning errors resulting from the handling of the accounts and funds by the financial institution for the Panhandles Escrow Company, Inc or the financial institution of the undersigned.

I/we hereby authorize a deduction in the amount of our monthly payment \$ _____, plus your fees \$ _____, (if applicable) to be taken from the account indicated below on the (1st, 5th, 10th, 15th, 20th, 25th)(circle one) day of each month (or next business day). The undersigned authorizes Panhandle Escrow company, Inc. to adjust this amount due to changes in reserve payments and/or processing fees.

I agree to verify with Panhandle Escrow Company, Inc. that there is a sufficient time to setup the auto debit for the 1st payment that is due. Otherwise, you will need to make your 1st payment by check.

Panhandle Escrow Company Inc. reserves the right to refuse this service, on those accounts, with history of insufficient funds. If a debit is refused by the financial institution for insufficient funds, we may resubmit the auto debit or request the replacement funds in the form of a cashier's check. **Panhandle Escrow Company Inc. will charge a fee of \$40.00 for each insufficient fund or returned item.** You will be notified by Panhandle Escrow Company Inc. if this service is going to be terminated.

This authorization shall remain in force and effect until Panhandle Escrow Company Inc. has received a **15 day, written notification**, from me/or either of us, to cancel the automatic debit.

Customer Name(s) _____

Financial Institution Name & Address _____

Routing (ABA) Number _____ Account number _____

PLEASE INCLUDE A VOIDED CHECK

Signature _____

Signature _____

Date _____

Escrow Account No. _____ 1st Automatic Debit Date _____