

ADEPT ESCROW SERVICES, INC.

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Office
Address

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Spokane, WA
99208

Mailing
Address

P.O. Box
18039
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99228

AUTHORIZATION TO AUTOMATICALLY DEBIT BUYER'S

Please attach a voided deposit slip

Name _____

Address _____

Escrow Number _____ Phone _____

I authorize Adept Escrow Services, Inc., to instruct my bank to make my payments. I also understand I may discontinue this authorization at any time by giving written notice to Adept Escrow Services, Inc. I realize that this information will be used solely for the purpose of consumer withdrawal.

It is understood that if the date for withdrawal falls on a weekend or federal holiday, the funds will be withdrawn from my account on the next business day.

I realize that Adept Escrow Services., will be held harmless with regard to penalties I may incur resulting from problems attributable to an institution outside the control of Adept Escrow. It is understood that it takes 30-day notice for this to be set-up and I am also required to call Adept Escrow after they have received this authorization to confirm its receipt, the beginning date and subsequent dates of withdrawal.

I understand that there is a \$5.00 annual fee for this additional service and have attached a "voided" deposit slip for confirmation of the information provided.

Wherein there are two or more parties making payments on this escrow account (i.e. - husband and wife, etc.), all signatures are required to initiate this process. Adept Escrow Services will provide 10-day notice prior to any increase/decrease in the required amount to be withdrawn.

Bank or Institution _____

Bank Address _____

Account Number _____ Checking _____ Savings _____

Bank Routing Number _____

Amount to be withdrawn from above noted account: _____

Date to withdraw funds from the bank (1 - 31)____ beginning date _____

Signature _____ Date _____

Signature _____ Date _____