

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS  
(ACH DEBITS)-BUYERS**

Name: \_\_\_\_\_  
(Business name, customer name)

ID Number \_\_\_\_\_  
(Tax ID/Social Security)

I/We hereby authorize TitleOne, hereinafter called COMPANY, to initiate debit entries to my/our  **Checking**/  **Savings account** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with provisions of U.S. law.

Depository  
Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing  
Number \_\_\_\_\_

Account  
Number \_\_\_\_\_

Amount of payment  
to be withdrawn \$ \_\_\_\_\_

Day of Month  
To Be Withdrawn \_\_\_\_\_

Date Authorized to Begin Withdraw of Payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY has reasonable opportunity to act on it.

Name (s) \_\_\_\_\_  
(Please Print)

Long Term  
Escrow Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: IT TAKES 2 BUSINESS DAYS FOR A PAYMENT TO GET FROM  
ORIGINATING BANK TO THE LONG TERM BANK:**

Ex: If payment authorized to begin withdrawing on the 1<sup>st</sup>, Long Term will initiate on the 31<sup>st</sup> so that funds transfer on the 2<sup>nd</sup>.

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE  
RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE  
ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION**