Dear Client:

If you wish to have your payment proceeds electronically deposited into your bank account, please fill out this form and return to our office.

## **Authorization for Automatic Electronic Deposit**

I (we) authorize Pioneer Title Escrow Service to initiate electronic credit entries and if necessary, debit entries and adjustments for credit entries made in error to my (our) account, which is listed below. This authority is to remain in effect until I (we) notify Pioneer Title Escrow Service in writing of its termination in such time and in such manner as to afford Pioneer Title Escrow Service a reasonable opportunity to act on it.

Bank Name & Add	ress:		
Bank Phone Numb	per:		
Bank ABA# (Routing #)	Bank Accou	ınt #	
Type of Account:		Personal Savings Account Business Savings Account (please specify type)	
Name on Account	Pioneer 1	Title Escrow Service Account #	
PER Pioneer Title Es	crow Service RECORDS, MY/OUR S	OM THE CURRENT DISBURSEMENT INSTRUCTION IGNATURE BELOW ALSO SERVES AS IT INSTRUCTIONS AS PROVIDED FOR HEREIN.	<u>NS</u>
Signature		Date	
Signature		Date	
Phone Number:			
EMAIL ADDRESS F	OR ELECTRONIC PAYMENT NOT	ICES:	

When returning this agreement, please include a VOIDED CHECK (or savings deposit slip on a savings account) for the account we will credit.

P.O. Box 249, Alamogordo, NM 88311 909 Delaware Ave., Alamogordo, NM 88310 Phone: (575) 437-5810 Fax: (575) 437-2312