

Fidelity National Title Escrow Services of Montana

ACH Authorization Form

Funds to be withdrawn from:

Escrow No:

Bank Name: _____

Bank Routing Number (9 digits): ____ _

Account number: _____

Type of Account (**circle one**): Savings or Checking

Bank Address: _____

Street

City, State

Zip Code

Please transfer \$ _____ on the (**circle one**) 1st, 2nd, 4th, 7th, 10th, 13th, 15th,
20th, 25th, 28th of each month

beginning _____, 20__.

Accountholder Name – Printed

Date

Accountholder Signature

(_____)_____
Telephone Number

Email Address (optional)

I authorize Fidelity National Title Company of Montana, LLC and the financial institute named above to initiate entries to my checking/savings account. This authorization will remain in effect until I notify Fidelity National Title Company of Montana, LLC in writing and cancel it in such time to afford the financial institute a reasonable opportunity to act on it, but no less than 2 business days before the date authorized. Should I want to change the amount authorized, I will first notify Fidelity National Title Company of Montana, LLC two (2) days in advance of my account being debited. I understand that Fidelity National Title Company of Montana, LLC may cancel this agreement at any time with written notice. I understand that should the date authorized to draft falls on the weekend or holiday, funds will be transferred the following business day. **Call 406-541-1500 if you have any questions.**

****PLEASE COMPLETE AND RETURN TO
FIDELITY ESCROW SERVICES OF MONTANA**
320 West Broadway, Ste. A, Missoula, MT 59802
Fax# 406-728-1502. Please attach a voided check below.**