

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Markee Escrow Services, Inc is instructed to credit my (our) account electronically in the amount specified in the escrow instructions.

I (we) have attached a voided check in addition to the information requested below:

Name of Payee(s)		-
Address		-
City/State/Zip		-
Type of Deposit Account	Checking/Savings/Other	(circle one)
Depositor Account #		-
Financial Institution		-
Routing #		-
Escrow #		-
received written notification from me	I force and effect until Markee Escrow e (or either of us) of its termination in s Services, Inc and Financial Institution a	uch time and such
(Signature of Account Holder)	(Signature of Account Holder)	-
(Date)	(Email Address)	-
	(Phone or Cell #)	-