Mills Escrow Company
906 N. Mesa
Suite 101
El Paso, TX. 79902
915-771-8006
contactus@millsescrow.com

BORROWER ACH AUTHORIZATION

RE:

Name on Account: _____

Account No: _____

Address: _____

E-Mail Address: _____ Telephone No: _____

By providing the following information and signing below, Borrower authorizes Mills Escrow Company to draft your monthly payments from the following described account.

Bank Name: _____ Bank Routing Number: _____

Bank Representative Name: _____ Telephone No: _____

Name on Account/ Account Title: _____

Account Number: _____ Account Type: Checking ( ) Savings ( )

Please include a voided check with this request.

EARLIEST DATE ACCOUNT TO BE DRAFTED: _____

FREQUENCY OF DRAFTING: (_____) One Time Draft (_____) Monthly

Your signature is needed to authorize this electronic payment process. Please note that withdrawals will be initiated for the due date. If the due date falls on a Saturday or Sunday, the withdrawal will be initiated on the following Monday. Depending on the date your account is drafted, you may incur interest costs and/or late fees which will be applied accordingly as you will be held accountable for any interest and/or late fees that may be incurred. You must notify us **ten (10)** days prior to the "payment date" if there are any changes to the above. I understand that this authorization will remain in full force and effect until Mills Escrow have received written notification requesting a change or cancelation. Borrower will be requested to complete a new form within such time in the event of any such changes

_____ _____
Signature Date

_____ _____
Signature Date

Should you have any questions or need any additional information regarding this process, please feel free to contact us.