



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

LENDER ACH AUTHORIZATION

RE:

Name on Account: _____

Lender Account Code: _____

Address: _____

E-Mail Address: _____ Telephone No: _____

By providing the following information and signing below, Lender authorizes Mills Escrow Company to direct deposit your income into 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.

Lender hereby agree to notify Mills Escrow Company **ten business (10)** days prior to the “deposit date” if there are any changes to the information provided in this form. I understand that this authorization will remain in full force and effect until Mills Escrow have received written notification requesting a change or cancellation. Lender will be requested to complete a new form within such time in the event of any such changes.

Your signature is needed to authorize this direct deposit process.

Signature

Date

Signature

Date

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