



Hutchinson Escrow Services Inc.

16 W 4TH AVENUE, SUITE C
HUTCHINSON, KS 67501
620-662-0190

AUTHORIZATION AGREEMENT FOR AUTOMATIC (DIRECT) DEPOSIT

Name: _____ HES Acct # _____

I/We hereby authorize HUTCHINSON ESCROW SERVICES INC., hereinafter called "COMPANY", to initiate deposit entries to my/our account as indicated below and the Institution name below, hereinafter called "BANK", to credit/debit same to such account.

Bank Name: _____

City: _____ St: _____ Zip: _____

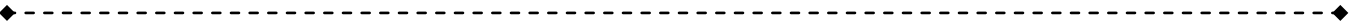
Routing #: _____ Account #: _____

Account Type (select one): () Checking () Savings () Loan

By signing below, this authorization is to remain in full force and effect until COMPANY and BANK have received written notification from me/us of termination in such a manner and time frame as to afford COMPANY and BANK a reasonable opportunity to act upon it.

Signature

Date



Please attach a copy of a voided deposit slip or voided check.