Hutchinson Escrow Services Inc.
16 W 4TH AVENUE, SUITE C
HUTCHINSON, KS 67501
620-662-0190

AUTHORIZATION AGREEMENT FOR *AUTOMATIC PAYMENT WITHDRAWAL*

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: ( ) Checking ( ) Savings
(select one)

Date of Month to Withdraw Payment:

1st **5th** **10th** **15th** **20th** **25th**

Can only select ONE date of the month! If the date you choose falls on a weekend or holiday, the payment will be processed the *business day prior* to the above date selected.

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. I/We are also acknowledging that should any automatic payment be dishonored for any reason, this Authorization will be terminated and reinstatement will not be available for a period of one (1) year from the date of the dishonored payment.

_____ _____
Signature Date

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