



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 business day. 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 business (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 cancellation. 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.