



PO Box 349, Colville, WA 99114
Phone (509) 684-4580 Fax (509) 684-5448
www.vistatitle.com/contract-servicing

ADDITIONAL PARTIES

Account# _____

Personal Information:

Payee

Payor

Last Name (Company) First Name SSN/TIN Disbursement %

Last Name (Company) First Name SSN/TIN Disbursement %

Mailing Address City State Zip

Phone Number(s) Email Address Email Receipts: Yes No

Disbursements:

The servicer is directed to disburse payments as follows (check all that apply):

- Check to the named Payee(s) (attach separate pages for additional disbursements)
- Electronic Deposit to Payee(s) bank account (complete and attach Automatic Deposit Authorization)

By Signing this form, you are agreeing to the Terms & Conditions on the Vista Servicing Agreement

SIGNATURE OF PAYEE

SIGNATURE OF PAYOR

