

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Customer Name _____

Vista Account Number _____ **Phone Number** _____

I (we) hereby authorize **Vista Contract Servicing**, hereinafter called COMPANY, to initiate credit entries to my (our) **Checking Account** **Savings Account (select one)** indicated below at the depository financial institution named below, and to debit the same to such account. If you have a money market account, please contact your financial institution to see whether that account should be coded as a Checking or Savings Account. Vista can only initiate transfers into accounts that can be coded as a Checking or Savings Account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Vista will need a separate Direct Deposit authorization agreement for each account that you may have with the company. We will continue to process payments as we currently do, however, the length of time that it takes banks to process an ACH transaction varies; it is your responsibility to ensure that funds are deposited and available for use.

Bank Name _____ Branch Location _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This account is a **Checking Account** **Savings Account** (please select only one)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date _____ Signature _____

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



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