

# *Black Hills Escrow, LLC*

**Overnight/Mailing Address: 810 N. Main Street, PMB #294, Spearfish, SD 57783**

**Physical Address: 501 Grant St, Belle Fourche, SD 57717**

**Phone #605.559.1119**

**Email: info@blackhillsescrow.com Website: www.blackhillsescrow.com**

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## **AUTHORIZATION AND AGREEMENT FOR DIRECT DEPOSITS OR PAYMENTS (ACH CREDITS OR DEBITS)**

I hereby authorize Black Hills Escrow to initiate debit or credit entries to my Account as indicated below, at the depository institution named below, and to post the entries to such account. I understand that the entries may not be initiated unless Black Hills Escrow has a sufficient balance to cover the debit or credit entry to my account. Black Hills Escrow reserves the right to require at least seven days written notice before any withdrawal or transfer.

### **Deposit Information:**

**Account Title:** \_\_\_\_\_

**Bank Name & Branch:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Type: Checking or Savings (Circle One)**

### **Credit Information:**

**Account Title:** \_\_\_\_\_

**Bank Name & Branch:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Type: Checking or Savings (Circle One)**

### **Transfer Information:**

**Transfer Amount:** \$ \_\_\_\_\_ **Term: Monthly or Annually (Circle One)**

**Start Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_ **Transfer Description: Payment on Escrow #** \_\_\_\_\_

This authorization is to remain in full force and effect until Black Hills Escrow has received written notification from me of its termination in such time and in such manner as to afford Black Hills Escrow a reasonable opportunity to act on it. The debit of a transfer made as a part of this agreement are subject to this limit and will not be made after this limit is reached until a new statement period is started.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

Attach Voided Check Here