

MILLS ESCROW COMPANY
6501 Boeing, Suite H-4
El Paso TX 79925
P. O. Box 371805
El Paso, TX 79937
915-771-8006 Voice/915-771-8233 Fax
Email info@millsescrow.com

DATE: _____

RE: Name: _____

Address: _____

Telephone No: _____ Account No: _____

In order to process your request that Mills Escrow draft your monthly payment from your account we will need the following information:

Bank Name: _____ Bank Routing Number: _____

Bank Representative Name: _____ Telephone: _____

Name on Account/Account Title: _____

Account Number: _____ (CKNG_____) (SVGS_____)

DATE ACCOUNT TO BE DRAFTED: _____

FREQUENCY OF DRAFTING: () One Time Event () Monthly

Your signature is needed to authorize this direct deposit process. If you have opted for monthly withdrawals, please note that withdrawals are to be made on Fridays, regardless of the due date. Depending on the date your account is drafted, you may incur interest costs and/or late fees which will be applied accordingly. The charge for this service is \$2.00 per month with a one time set up fee of \$25.00

You must notify us ten (10) days prior to the “deposit date” if there are any changes to the above.

Your signature is needed to authorize this direct deposit process each month.

Signature

Date

Signature

Date

Should you have any questions or need any additional information regarding this process, please feel free to contact us.