

MILLS ESCROW COMPANY

6501 Boeing, Suite H-4 (79925-1085)
P. O. Box 371805
El Paso TX 79937-1805
915-771-8006 Voice/915-771-8233 Fax
info@millsescrow.com

DATE: _____

RE: Name: _____

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 _____)

EARLIEST DATE ACCOUNT TO BE DRAFTED: _____

FREQUENCY OF DRAFTING: One Time Event 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 Monday. 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 (10) days prior to the "payment date" if there are any changes to the above.

Signature

Date

Signature

Date

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