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# Independent Note & Contract Servicing, LLC

## AUTHORIZATION OF AUTOMATIC PAYMENTS

Please read carefully and fill out all necessary information. **Attach a voided check to this form.**

I request and authorize my bank to accept debit entries from INCS. Each month INCS may debit my account for the amount indicated below. I have enclosed a voided check identifying the bank and account to be debited. This authorization is to remain in effect until I notify INCS in writing. In the event of a change, I agree to provide written notice of at least 3 business days. I agree to pay a fee, if I stop a debit, without notice to INCS or if funds are not available to cover any regular debit. Such fees are subject to current fee schedule. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

By electing to pay or receive funds by an electronic transfer, your request will be handled using a process in the national banking system known as an "ACH" transaction. ACH stands for *Automated Clearing House*. Banks are subject to laws and regulations to prevent Money Laundering and other criminal activity. As a condition of using the ACH process, INCS' bank requires the ability to obtain proof from parties that these transactions are in compliance with laws and regulations. I agree to provide such proof upon request of the bank or their regulators.

Name (Print) \_\_\_\_\_ INCS Account # \_\_\_\_\_

Amount to be Deducted\* \$ \_\_\_\_\_ \*Applicable fees will be added to this amount.

Deduct payments on the \_\_\_\_\_ day of each month beginning \_\_\_\_/\_\_\_\_/\_\_\_\_. (If no date is specified, the ACH WILL NOT be established.)

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I understand that when my payment date falls on a weekend or holiday, my payment will be debited on the following business day. If this causes me to incur a late charge, it is my responsibility to set another date or notify INCS, per the terms above, to change my debit.

*{Tape Voided Check Here}*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If your ACH is returned from the bank there will be a NSF fee assessed by INCS and you will be responsible for replacing the funds within seven days. Your replacement funds must be in the form of a Postal Money Order, Cashier's Check or Wire Transfer. Failure to replace funds in the allotted time will result in a cancellation of your Automatic Payments and future payments will be required in guaranteed funds. To read the full policy, please see our Terms of Service Agreement.*