



1204 Cleveland Ave
 Mount Vernon, WA 98273
 Phone: 360-336-5213
 Fax: 360-336-3488
 Toll Free: 844-204-8753
www.INCSNoteServices.com

Independent Note & Contract Services LLC

TRANSFER & SERVICE AGREEMENT

1. Lender Information.

Name _____ SS# _____ Phone# _____
 Name _____ SS# _____ Phone# _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Your Requested Password _____

I would like to have my proceeds disbursed:

Electronically by direct deposit to my bank account *attach a voided check* (allow 2 business days for transaction)

Bank Name _____ Bank Routing # _____

Account # _____ . Percent or amount of disbursement to this account _____ (\$ or %).

I hereby authorize INCS to initiate credit entries to my bank account at the depository financial institution named above, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Please review the Terms of Service Agreement for our policy regarding Insufficient Funds.

Electronic Deposit Authorization:

Lender's Signature: _____ date: _____

*If additional disbursements are required, please attach a separate instruction sheet (\$5 fee applies per extra disbursement)

*If there are additional lenders, please complete an additional form.

By check mailed to the address of record. (\$5 fee applies)

By check to underlying loan. (\$5 fee applies) – attach *UL Obligation Form*. _____ % or \$ _____ to be applied to loan.

2. Borrower Information.

Name _____ SS# _____ Phone# _____
 Name _____ SS# _____ Phone# _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Your Requested Password _____

I would like a payment coupon book; or

I would like to make automatic payments from by bank account (ACH). Please fill out information below.

Please sign me up for automatic payments. I hereby request and authorize my bank to accept debit entries from INCS. Each month INCS may debit my account for the amount indicated below. This authorization is to remain in effect until I notify INCS in writing. I have the right to stop payment of a debit by notifying INCS at least 3 business days before my next scheduled debit date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Amount to be deducted \$ _____ (applicable fees will be added to this amount). Payments will be deducted on the _____ day of each month beginning ____/____/____. (If no date is specified, automatic payments WILL NOT be established.) When the debit date falls on a weekend or holiday, it will be processed the following business day. If this causes you to incur late charges, you may want to change your date.



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8. Loan Collateral Detail.

Loan Collateral-is this: (check one)

- Real Property
- Business
- Personal
- Unsecured

If Real Property-is it: (check all that apply)

- A rental, vacation or secondary residence for the buyer
- Vacant land
- Agricultural land
- Located in WA State

Property Address: _____

City _____ State _____ Zip _____

Lien Position of this loan: First Second UCC or other