

# LENDER/SELLER FORM

## Direct Deposit Authorization

If you would like to have your disbursements sent electronically to your bank account and save the \$5 check fee, please use this form. We cannot disburse funds to a bank outside of the United States. Funds will be transferred to your bank account one to two business days after disbursement.

Please print clearly. **When returning this agreement, you must include a voided check.** If it is a Savings account, please attach a deposit slip. Do not include a deposit slip for a Checking account as the ABA # is often different.

Skagit/INCS Account Number \_\_\_\_\_

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

Bank Address \_\_\_\_\_

\_\_\_\_\_

Bank ABA Number \_\_\_\_\_

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

Type of Account: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings      \_\_\_\_\_ Money Market

I (we) authorize INCS to initiate electronic credit entries, and if necessary, debit entries, to my bank account at the depository financial institution named above and 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. If my banking information changes, I will notify INCS in writing by completing a new form.

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.

Payee Signature \_\_\_\_\_ date \_\_\_\_\_

Payee Signature \_\_\_\_\_ date \_\_\_\_\_



# BORROWER FORM

## Authorization for Automatic Payments (optional)

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) \_\_\_\_\_ Skagit/INCS Loan 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.

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.*



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