



INCS Account #

Independent Note & Contract Servicing, LLC

DIRECT DEPOSIT AUTHORIZATION DISBURSEMENT INSTRUCTIONS

To have your disbursements sent electronically to your bank account, please complete this form. We cannot disburse funds to a bank outside of the United States. Funds will be available within one to two business days after disbursement.

Please print clearly. When returning this agreement, please 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/Routing number is often different.

INCS Account Service Number _____

Bank Name _____

Bank Branch _____

Bank ABA/Routing 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.

X _____
Payee/Bank Account Holder Signature Date

X _____
Payee/Bank Account Holder Signature Date

I (we) would like to receive a check for our payment proceeds. I (we) understand there will be an additional \$5.00 per payment fee that will be deducted from my (our) proceeds. I (we) also understand that I (we) will pay any stop-payment and re-issue fees if the check is misplaced or lost in the mail. INCS will not be responsible for lost checks. I (we) also understand that the fee for my (our) final proceed check will be \$25.00.

X _____
Payee Signature for check option Date

X _____
Payee Signature for check option Date