

**PLEASE INCLUDE A VOID CHECK TO COMPLETE ELECTRONIC DEPOSIT REQUEST**

Return to: Guardian Contract Services | P.O. Box 2316 | Lake Oswego OR 97035

**I hereby authorize ESCROW (Guardian Contract Services) to deposit funds relating to the  
Collection # \_\_\_\_\_ into my account at the financial institution named below.**

In the event of a deposit error, I further authorize ESCROW to release to the named financial institution any information required to make adjustments to correct the error. I also authorize the named financial institution to honor such credit and debit entries and to assist ESCROW in correcting any erroneous entries that may occur. This authority will remain effective and in force until ESCROW receives written notification of its termination in a timely and sufficient manner (minimum of 21 days) to allow ESCROW a reasonable opportunity to act on it.

**Client Name(s):** \_\_\_\_\_ **Bank Name:** \_\_\_\_\_

**Your Bank Routing #:** \_\_\_\_\_ **Bank Account #:** \_\_\_\_\_

**Select Account Type:**       **Checking**       **Other (Please name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

***\*\*Electronic Deposit form for the SELLER***