

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

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

**The undersigned hereby authorize Guardian Contract Services (Escrow) to electronically withdraw funds from the account and financial institution listed below and the financial institution is instructed to honor such withdrawals.** Escrow is instructed to withdraw funds on the scheduled payment due date each month and apply said funds toward the Buyer's obligation in accordance with terms of the transaction relating to **escrow account #** \_\_\_\_\_. In the event of an error, Escrow and said financial institution are authorized to make adjustments to correct any erroneous entries which may occur. The undersigned were advised: 1) To continue making payments until Guardian notifies the process as operational. 2) Balloon or other irregular payments must be made by check. 3) This authorization may be cancelled at any time with two weeks prior written notice.

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

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

**Account Type:**  Checking  Other: \_\_\_\_\_ **Amount deducted:**  Normal Payment (or)  
 Other amount: \$ \_\_\_\_\_

To be deducted on the \_\_\_\_\_ of every month, starting on this month: \_\_\_\_\_

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

**\*\*\*Electronic Payment Form For Buyers\*\*\***