AUTHORIZATION AGREEMENT FO	OR DIRECT DEPOSIT (ACH-SELLER) Account number:
I (we) hereby authorize <u>Denali Escrow Services</u> , <u>Inc.</u> , to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. laws.	
Depository Name:	Branch:
City: State	Zip:
Routing Account Number Number	
This authorization is to remain in full force and effect until <u>Denali Escrow Services</u> , <u>Inc.</u> has received written notification from me (or either of us) of its termination in such time and in such manner as to <u>afford Denali Escrow Services</u> , <u>Inc.</u> and <u>Depository</u> a reasonable opportunity to act on it.	
Name(s)(Please Print)	ID Number
Signature	Date
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH-BUYER)	
Denali Escrow Services, Inc. Number	Account
I (we) hereby authorize <u>Denali Escrow Services</u> , <u>Inc.</u> , to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.	
Depository Name	Branch
City State	Zip
Routing Number	Account Number
Payment Amount	Payment Date
This authorization is to remain in full force and effect until <u>Denali Escrow Services</u> , <u>Inc.</u> has received written notification from me (or either of us) of its termination in such time and in such manner as to afford <u>Denali Escrow Services</u> , <u>Inc.</u> and <u>Depository</u> a reasonable opportunity to act on it. If an ACH debit is return to us for NFS from the paying bank we are unable to re-debit the payment. It is the sole responsibly of the buyer to make the payment by certified funds. There will be an additional \$30.00 NSF due and payable at the time replacement funds are received by Denali Escrow Services, Inc.	
Name(s)(Please print)	ID Number
(Please print)	Date

Note: DEBIT AUTHORIZATION $\underline{\text{MUST}}$ PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZTION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.