

PRE-AUTHORIZED PAYMENT INFORMATION

TODAY'S DATE: _____

OPTION 1

PAY BY AUTOMATIC BANK DRAFT: (a voided check must be attached)

\$ _____ MONTHLY 1st or 15th -OR- \$ _____ ANNUALLY _____ (current month)

ACCOUNT TYPE

BANK NAME

ROUTING #

ACCOUNT #

NAME (AS IT APPEARS ON ACCOUNT) _____

BILLING STREET ADDRESS _____

CITY, STATE, ZIP _____

OPTION 2

PAY BY CREDIT CARD: (SUPPORTED TYPES: VISA, MC, AMEX, DISCOVER)

\$ _____ MONTHLY 1ST or 15th -OR- \$ _____ ANNUALLY _____ (current month)

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME (AS IT APPEARS ON ACCOUNT) _____

BILLING STREET ADDRESS _____

CITY, STATE, ZIP _____

I hereby authorize Estate Settlement Services, Inc. to draw checks, draft orders, credit card charges or electronic funds transfer (EFT) upon my account for the purposes of paying for services for **ESS LifeTrack[®]**.

I also understand if any check, draft order, credit card or EFT transmission is returned due to payment stopped, declined or authorization cancelled, this will be considered as my request to be billed directly.

CONTRACT HOLDER'S NAME

CONTRACT HOLDER'S SIGNATURE

DATE

SECONDARY HOLDER (IF ANY)

SECONDARY HOLDER'S SIGNATURE

DATE