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LENDER DISBURSEMENT AUTHORIZATION

I (we) authorize **OPT Contract Loan Servicing** to initiate credit entries to my/our account indicated at the depository names below, and to credit the same to such to such account. I (We) further authorize OPT to credit or debit the account for entries made in error.

All parties acknowledge that it is the responsibility of the undersigned to confirm credits and/or debits with the depository listed below. OPT is hereby held harmless from any liability or responsibility if the undersigned does not confirm credits with their depository, which may result in overdraft fees or other consequences. The undersigned hereby acknowledge that OPT is held harmless from any liability or responsibility, concerning errors resulting from the handling of the accounts and funds by the depository for OPT or the depository of the undersigned.

This authorization is to remain in full force and effect until OPT has received a written notification from the undersigned of its termination.

NOTE: Disbursement of funds may be 5 business days after payment receipt.

***PROVIDE A VOIDED CHECK or BANK STATEMENT WITH ACCOUNT NUMBER**

NAME OF FINANCIAL INSTITUTION: *	
CITY, STATE, ZIP CODE OF FINANCIAL INSTITUTION:	
BANK ACCOUNT NUMBER	
NINE-DIGIT BANK TRANSIT ROUTING/ABA NUMBER	
NAME ON ACCOUNT:	
<input type="checkbox"/> CHECKING – PROVIDE A VOIDED CHECK or BANK STATEMENT WITH ACCOUNT NUMBER	
<input type="checkbox"/> SAVINGS – PROVIDE A DEPOSIT SLIP	
SIGNATURE:	DATE:
SIGNATURE:	DATE: