ALL STATES TITLE SERVICES, Inc 16328 N FLORIDA AVENUE LUTZ, FL 33549

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF PAYMENTS

I hereby authorize Unisoft Communications, Inc. to initiate a debit/credit entry at the listed financial institution on behalf of **ALL STATES TITLE SERVICES**, **Inc**. for applicable services provided by **ALL STATES TITLE SERVICES**, **Inc**. Items returned for non-sufficient and/or uncollected funds could be represented for payment. Fees for returned items will be charged in accordance with our fee schedule.

This authorization is to remain in full force and effect until **ALL STATES TITLE SERVICES, Inc.** has received written notification from me of its termination in such time and manner as to afford Unisoft Communications, Inc. and Financial Institutions listed a reasonable opportunity to act on it.

DEALER INFORMATION

Employer Identification Number (F	EIN):	
Street:		
City:	State:	Postal Code:
Contact Name	Contact Phone #:	
Dealer Forwarding Email Addresse	s (ACH info forwarded to)	
	(ACH info forwarded to)	
	(ACH info forwarded to)	
Dealer Bank Information	(the customer must be a primary account h	older)
Name (s) on Account:		
Account No:	Routing/Transit/ABA No:	
Your routing and checking acco	ount numbers appear at the bottom of your co contact your banking institution f	heck. If you have trouble locating these numbers, please for assistance.
	until I have signed a new authorization, or ube available one day prior to the Withdrawal	pon written notice to cancel participation. Per standard Date.
Signed X	Date	
Signed X	Date	
(Additional account	holder)	
TO ENSURE ACCURA ATHORIZATION APP		ECK MARKED "VOID" AND / OR BANK LETTER /
		redit union use a different account and or/routing number our local office to assure proper set up for withdrawals.
The space below is for the use of the respective tag agency and their payment processor		
County #: Agency #: _	Customer #:	
Dealer ACH Email (set-up by Steve	2)	