



PO Box 17942 | Reno, Nevada 89511
(p) 888.738.1031 or 775.851.0881 | (f) 888.313.0021

IMPOUND ADDENDUM

TO: ALLIED LOAN SERVICING

Escrow No. _____

Loan Servicing No. _____

You are authorized and instructed to establish an impound account for payment of the Homeowner's Insurance and Taxes throughout the term of this account.

You are handed herewith a check in the amount of \$_____, which represents 3 months reserves for the taxes and 3 months reserves for insurance. You are instructed to collect 1/12th of the annual tax and insurance payments each month and pay same on an annual basis.

THE UNDERSIGNED PARTIES ACKNOWLEDGE that Allied Loan Servicing will establish this impound account and pay the annual taxes and/or insurance as an ACCOMMODATION ONLY to the parties. The undersigned further acknowledges and agree to provide any information, i.e. billings, etc., they may receive directly to the Allied Loan Servicing for payment of same. Allied Loan Servicing is released from any liability or responsibility for any delinquencies created by the parties not forwarding bills and/or information to Allied Loan Servicing.

There will be an additional one-time charge of \$30.00 for set-up fee. There will also be a \$6.00 per month collection fee over and above the regular monthly fee which will be charged as set forth in Section 3 of the Loan Servicing Agreement.

Dated: _____

Dated: _____

APPROVED:



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Auto Deposit Form

Loan Servicing No. _____

To be completed by the **Payee/Seller**.

I (We) hereby authorize Allied Loan Servicing to initiate credit entries and, if necessary, adjustment entries to my (our) checking or savings account indicated below and I (we) further authorize the financial institution named below to accept such entries and credit the amount thereof to such account. This authority is to remain in full force and effect until Allied Loan Servicing and the financial institution have received from me (or any other authorized signor on said account) notice to terminate in such time and manner as to afford Allied Loan Servicing and the financial institution a reasonable opportunity to act upon it.

Bank Name: _____ Account #: _____

City, State: _____ Bank Routing #: _____

Date: _____ Date: _____

Payee/Seller
Signature: _____ **Payee/Seller**
Signature: _____



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Auto Debit Authorization

Loan Servicing No. _____

I (We) hereby authorize Allied Loan Servicing to initiate debit entries and, if necessary, adjustment entries to my (our) checking or savings account indicated below and I (we) further authorize the financial institution named below to accept such entries and debit the amount thereof from such account. Debits will be taken on the business day prior to the date indicated below. This authority is to remain in full force and effect until Allied Loan Servicing and the financial institution have received from me (or either of us) notice to terminate in such time and manner as to afford Allied Loan Servicing and the financial institution a reasonable opportunity to act upon it.

IF REJECTION IS MADE DUE TO NON-SUFFICIENT FUNDS, ALLIED LOAN SERVICING WILL REQUIRE CERTIFIED FUNDS FOR THE REMAINDER OF YOUR LOAN. RETURNED CHECK FEES WILL APPLY.

Bank Name _____ Monthly amount: _____
City, State _____
Account # _____ Debit on: 1ST *OR*
 15TH
(PLEASE SPECIFY)
Bank Routing # _____

Date: _____

Payer/Buyer Signature: _____

Print Name: _____

Address: _____

Phone: _____

email: _____

Tax ID: _____