



3130 N. Grimes St Suite C
Hobbs NM 88240
575-241-6756

Disbursements Form

Please select one of the following as to how the funds for the account listed below are to be disbursed.

Customer Name:

Account #:

Mail Check

Direct Deposit

Hold Check for Pick Up

- If you have selected "Mail Check" Please provide the following:

Street Address: _____ City: _____ State: _____ Zip: _____

- If you have selected "Direct Deposit" Please provide and acknowledge the following:

I hereby authorize One Way Escrow Services, LLC to deposit funds received on my behalf to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution: _____

Type of account: Personal Checking Personal Savings Business Checking Business Savings

Financial Institution Address: _____ City: _____ State: _____ Zip: _____

Transit Routing Number: _____ Account Number: _____

- If you have selected "Hold Check for pick up" Please note checks will be held at address listed above

Printed Name of Authorizes Person(s): _____

Signature of Authorized Person(s): _____

Failure to provide all information needed can result in delay of processing your request

If you have any questions, please feel free to contact Alexis Sparenberg.