



**ESCROW AGENCY
AUTHORIZATION TO EXAMINE TRUST ACCOUNT(S)**

To: State of Idaho, Department of Finance, Securities Bureau

For: _____
Escrow Agency Company Name

The undersigned, a principal officer or authorized signer of the above applicant/licensee, hereby certifies that such firm has established and maintains a trust account(s) in compliance with the Idaho Escrow Act, Idaho Code § 30-901 *et seq.*, and that each trust account held for this purpose is correctly identified below:

Trust Account No.: _____

Financial Institution: _____

Idaho Branch: _____

Street Address: _____
City State Zip Code

- The undersigned hereby authorizes the Director of the Department of Finance, or designee, to examine the above described Trust Account(s).
- The undersigned further authorizes the above listed financial institution(s) to release to the Director, or designee, information relating to the Trust Account(s) listed above, such information to include all account records and information.
- The undersigned acknowledges responsibility to notify the Department of any change of financial institution and/or account number(s).

Signature of officer/authorized signer *date*

Print name legibly *title*

BANK VERIFICATION

Account No.: _____ Date Established: _____

Verified by: _____ On Behalf of: _____
Print bank representative name and title *Print name of bank or financial institution*

Signature: _____ Date: _____

(BANK SIGNATURE MUST BE NOTARIZED)

Signed and sworn before me by: _____ this ____ day of _____ 20 ____.
Print bank representative name

Signature of notary public *Print name of notary public*
My Commission Expires: _____

Notary Public in and for the
State or Commonwealth of _____, County / Parish of _____

SECURITIES BUREAU