



**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**