



Circuit Court Clerk's Office
1 Public Square, Suite 302
Nashville, TN 37201

ESCROW ACCOUNT CHANGE FORM

This request is submitted to the Circuit Court Clerk's Office, Davidson County, Tennessee for the purpose of modifying a previously established Escrow Account with the Circuit Court Clerk's Office. The attorney/firm is requesting changes to the authorized agents and/or attorneys authorized to use the Escrow Account.

Terms and Conditions:

- **Withdrawals are only allowed to close the account. Any reimbursement shall be made by check, payable to the name on the original Application for the Escrow Account.**
- **I certify that I am an authorized agent of the Escrow Account and have permission to make changes to the Account.**

Please check the applicable box for the change you are requesting:

- ☐ **Remove/Add User.**
- ☐ **Remove/Add Authorized Agent.**
- ☐ **Withdraw (Close Escrow Account).**

Attorney Name:		
Firm Name:		FIRM ESCROW #

Authorized Agent Requesting Change: _____

Mailing address: _____

E-Mail Address: _____

Telephone No(s): _____

AUTHORIZED AGENT(S):

		Name	Telephone #
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	1. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	2. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	3. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	4. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	5. _____	_____

AUTHORIZED USER(S):

		Name	Bar #
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	1. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	2. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	3. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	4. _____	_____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	5. _____	_____

Withdraw/Other: _____

I hereby certify the statements contained herein are true and correct to the best of my knowledge.

Authorized Agent/Attorney:	
Date: _____	By: _____
	Print Name: _____
	Title: _____

Approved by:	
Date: _____	_____
	JOSEPH P. DAY, Circuit Court Clerk