ESCROW ACCOUNT CHANGE/UPDATE

(Attorney Information)

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

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:

☐ **Update Firm/Attorney Account Details**

☐ **Remove/Add User(s)**

☐ **Remove/Add Authorized Agent(s)**

☐ **Withdraw (Close Escrow Account).**

Firm/Attorney Name		**Escrow #**
Firm/Attorney Name (Change)		

Authorized Agent Requesting Change: _____

Mailing address: _____

_____

_____

_____

E-Mail Address: _____

Telephone No(s): _____

ESCROW ACCOUNT CHANGE/UPDATE
(Attorney Information)

AUTHORIZED AGENT(S):

			Name	Telephone #
☐ Add	☐ Remove	1.		
☐ Add	☐ Remove	2.		
☐ Add	☐ Remove	3.		
☐ Add	☐ Remove	4.		

AUTHORIZED ATTORNEY(S):

			Name	Bar #
☐ Add	☐ Remove	1.		
☐ Add	☐ Remove	2.		
☐ Add	☐ Remove	3.		
☐ Add	☐ Remove	4.		
☐ Add	☐ Remove	5.		
☐ Add	☐ Remove	6.		
☐ Add	☐ Remove	7.		
☐ Add	☐ Remove	8.		
☐ Add	☐ Remove	9.		
☐ Add	☐ Remove	10.		

Withdraw/Other Instructions: _____

_____

_____

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

Date: _____

Authorized Agent/Attorney:

By: _____

Print Name: _____

Title: _____

Date: _____

Approved by:

_____

JOSEPH P. DAY, Circuit Court Clerk