

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 (Clo	ose Escrow Account).	
		_
Attorney Name:		
		FIRM ESCROW#
Firm Name:		
Authorized Age	nt Requesting Change:	
Mailing address:		
-		
E-Mail Address:		
Telephone No(s):		
1 5 6 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

<u>AUTHOF</u>	RIZED AGENT(S	<u>3)</u> :			
			Name Te	lephone #	
☐ Add	☐ Remove	1			
☐ Add	Remove				
☐ Add	☐ Remove	3			
☐ Add	Remove				
☐ Add	Remove				
AUTHOF	RIZED USER(S)	:			
			Name	Bar#	
☐ Add	Remove	1			
☐ Add	Remove	2			
☐ Add	Remove	3			
☐ Add	Remove	4			
☐ Add	☐ Remove	5			
I hereb		atemo	ents contained herein are true and correct to the	best of r	— ny
			Authorized Agent/Attorney:		
Date:			By:		
			Print Name:		
			Title:		
			Approved by:		
Date:_					
1			RICHARD R. ROOKER, Circuit Court Cle	rk	