

# FUNDS TRANSFER AGREEMENT

You must complete this form in order for your funds to be disbursed. **Please select only one option below and complete all information in the applicable section.** **For wires, you are required to complete the sections below as well as provide supplemental documentation** (Account info from financial institution, voided check, wiring instruction from closing attorney that you have verified/confirmed, etc.)

Date:	
Property Address:	

Please accept this completed Funds Transfer Agreement as authorization to disburse funds for closing on the above referenced property as follows:

<i>No charge</i>	<p>Check to be <b><u>picked up at closing.</u></b></p> <p>By: _____</p> <p>Phone #: _____</p>
<i>\$35.00 charge</i>	<p>Check to be sent via <b><u>overnight delivery/courier.</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
<i>\$35.00 charge</i>	<p>Check to be <b><u>wired to my account.</u></b></p> <ul style="list-style-type: none"> <li>• Name as it appears on account: _____</li> <li>• Address as it appears on account: _____</li> <li>• Banking Institution Name: _____</li> <li>• Banking Institution Address (City &amp; State): _____</li> <li>• Bank ABA Routing # (Please verify this # with your bank as the wiring routing # can vary from the routing # on your check): _____</li> <li>• Account #: _____</li> <li>• Type of Account:      Checking      Savings      Other: _____</li> </ul>
<i>\$35.00 charge</i>	<p>Check to be <b><u>wired to closing attorney.</u></b></p> <ul style="list-style-type: none"> <li>• Name as it appears on account: _____</li> <li>• Address as it appears on account: _____</li> <li>• Banking Institution Name: _____</li> <li>• Banking Institution Address (City &amp; State): _____</li> <li>• Bank ABA Routing # (Please verify this # with your bank as the wiring routing # can vary from the routing # on your check): _____</li> <li>• Account #: _____</li> <li>• Type of Account:      Checking      Savings      Other: _____</li> </ul>

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

VERIFIED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_       Voided Check       Driver's License      **Seller verified:** \_\_\_\_\_/\_\_\_\_\_