ATASCOSA COUNTY CLERK
ESCROW ACCOUNT APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN WITH CASH, CHECK OR MONEY ORDER *(MINIMUM $100)* PAYABLE TO: ATASCOSA COUNTY CLERK. COMPLETE ONE FORM PER ACCOUNT NAME.

ACCOUNT NAME: _____

ADDRESS: _____

_____

MAILING ADDRESS: _____

_____

PHONE NO: (____) _____ **FAX:** (____) _____

PRINT NAME(S) OF PERSON(S) AUTHORIZED TO USE THE ESCROW ACCOUNT AND THEIR DRIVER'S LICENSE (DL) NUMBER:

_____ DL#_____STATE_____

_____ DL#_____STATE_____

_____ DL#_____STATE_____

_____ DL#_____STATE_____

AMOUNT SUBMITTED TO OPEN ACCOUNT: $_____ CASH ___ OR CHECK/M.O. NO: _____

I, _____, _____

Print name of authorized person **Print title of authorized person**

hereby authorize the ATASCOSA COUNTY CLERK (ACC) to establish an escrow account with the understanding that these funds can only be used to process or obtain documents flied with the ACC. I understand that only authorized persons listed above may access the account (changes must be submitted in writing). I further understand that I/the Company has the financial responsibility to maintain a sufficient balance. In return, the ACC will provide an accounting receipt after each transaction and a monthly accumulative report of all transactions. Either party may revoke this agreement at any time with written notice.

_____, (_____) _____

SIGNATURE OF AUTHORIZED PERSON **TELEPHONE NUMBER**

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OFFICE OF COUNTY CLERK ONLY

Date received: _____ **date account created:** _____ **account #**_____

NAME OF SUPERVISOR: _____

FILE ORIGINAL APPLICATION WITH OPR SUPERVISOR (Original Applications are kept on file in OPR); ACCOUNT MAY BE DRAWN ON IMMEDIATELY UPON CREATION/CASHIERING OF ESCROW DEPOSIT.

Revised 06/13/05