ESCROW ACCOUNT REQUIREMENTS

- 1. Escrow accounts shall commence with a written application. A minimum singular deposit of cash, check or money order of \$100.00 is due when application is submitted. Escrow accounts may be accessed for both Recording Services and Micrographics. Patrons using escrow accounts to record documents may need to increase deposits according to projected usage.
- 2. Subsequent deposits can be made by cash, check or money order.
- 3. Cash cannot be withdrawn from an account. Any reimbursements from the Recorder's Office shall be by check, payable to the company whose name appears on the account.
- 4. Escrow withdrawals are for Recorder's Office business only.
- 5. The Recorder has the right to close any escrow account for any reason without prior notice.
- 6. The Recorder has the right to apply reasonable service charges for bookkeeping or processing, if applicable, when deemed necessary.
- 7. No services will be provided without sufficient funds in the account.
- 8. Escrow accounts may not be accessed for document recordation after 4:00 PM

County of Loudoun OFFICE OF THE CLERK OF CIRCUIT COURT

P.O BOX 550 LEESBURG VIRGINIA 20178 LOCAL 703-777-0270 www.loudoun.gov/clerk

Gary M. Clemens Clerk

COMPANY NAME _____

ADDR	2FSS						
ADDI							
TELE	PHONE NO						
E-MA	IL ADDRESS						
CONT	CACT PERSON						
By sig	ning below I acknowledge and/or agree to the following:						
1. 2.	Overages in recording checks are not required to be placed in any escrow account; likewise escrow funds are						
3.	not required to be used for any shortages. If overage is more than \$25.00 authorized users must contact company for permission before the Clerk/Deputy Clerk will deposit into escrow account.						
4.	Escrow funds will be paid to the account holder upon written request.						
5. 6.							
7.							
8.	A list of persons who may authorize escrow account activity on behalf of the company will be maintained with the clerk's office. This list is attached.						
NOTE	E: This form must be signed by the owner/officer of the company represented						
PRINT	TED NAME AND TITLE						
SIGNA	ATURE						
State of	f						
County	of						
Subscri	ibed, sworn and acknowledged before me by						
This	day of20						
My cor	nmission expires:						

Notary Public/Deputy Clerk

ESCROW ACCOUNT – LIST OF AGENTS (PLEASE TYPE OR PRINT)

COMI	PANY	NAME	TELEPHONE NUMBER		
		ADDRES	S		
CITY		STATE		ZIP CODE	
		LIST OF AG	ENT	'S	
AGENT ID (First name last name initial-JohnB)	AU	THORIZED USERS		PASSWORD p To 10 Characters)	TELEPHONE #
AMOUNT ATTA	СНЕІ	D: \$	_	СНЕСК	CASH
(Clerks Use Only) APPROVED:					
DATE:					
ESCROW ACCOUNT	`#				