

**ESCROW AGENT  
CERTIFICATE OF COMPLIANCE AND  
AUTHORIZATION TO EXAMINE TRUST ACCOUNTS**

To: State of Washington, Department of Financial Institutions, Division of Consumer Services

For: \_\_\_\_\_  
*escrow agent company name*

The undersigned, a principal officer of the above listed licensee, hereby certifies that such firm has established and maintains a trust account(s) {"Trust Account"} in compliance with the Escrow Agent Registration Act, RCW 18.44.070, and that each Trust Account held for this purpose is correctly identified below:

Trust Account No.: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_

Trust Account No.: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_

- The undersigned hereby authorizes the Director of the Department of Financial Institutions, or designee, to examine the above described Trust Account(s).
- The undersigned further authorizes the above listed financial institution(s) to release to the Director, or designee, information relating to the Trust Account(s) listed above, such information to include all account records and information.
- The undersigned acknowledges responsibility to notify the Department of any change of financial institution.

\_\_\_\_\_  
*signature of officer*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*print officer's name*

\_\_\_\_\_  
*title*

**BANK VERIFICATION**

Account No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Date established: \_\_\_\_\_

Date established: \_\_\_\_\_

Verified by: \_\_\_\_\_  
*print bank representative's name*

Verified by: \_\_\_\_\_  
*print bank representative's name*

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

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK SIGNATURE MUST BE NOTARIZED**

Signed and sworn before me by: \_\_\_\_\_  
*print bank representative's name*

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

Notary Public in and for the State of \_\_\_\_\_

County of \_\_\_\_\_

My appointment expires: \_\_\_\_\_