

# Escrow Deposit Receipt Verification

FLORIDA ASSOCIATION OF REALTORS®



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## Request for Escrow Deposit Receipt Verification

Pursuant to Rule 61J2-14.008(2)(b), Florida Administrative Code, Broker listed below requests written verification of receipt of the Deposit(s) under the Contract referenced below. Please mail, fax or e-mail written verification to the Broker within 5 business days of the date of this request. The Broker identified above is required to provide a copy of your written verification to the Listing Broker/Seller within 10 business days of this request.

**From:** \_\_\_\_\_  
(Selling/Cooperating Broker)

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**To:** \_\_\_\_\_  
(Escrow Agent)

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

Initial Deposit      \$ \_\_\_\_\_ Request Date: \_\_\_\_\_

Additional Deposit      \$ \_\_\_\_\_ Request Date: \_\_\_\_\_

## Escrow Deposit Receipt Verification

Initial Deposit      \$ \_\_\_\_\_ Received on: \_\_\_\_\_

Additional Deposit      \$ \_\_\_\_\_ Received on: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

\_\_\_\_\_  
Escrow Agent Authorized Representative

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

# Notification to Listing Broker or Seller of Escrow Deposit Receipt Verification

To: \_\_\_\_\_  
(Listing Broker or Seller if no Listing Broker)

From: \_\_\_\_\_  
(Selling/Cooperating Broker)

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

Property Address: \_\_\_\_\_

Seller: \_\_\_\_\_

Buyer: \_\_\_\_\_

- Copy of written Escrow Deposit Receipt Verification attached.
- Selling/Cooperating Broker received no written Escrow Deposit Receipt Verification from Escrow Agent.

Pursuant to Rule 61J2-14.008(2)(b), Florida Administrative Code, this notification is sent to Listing Broker (or Seller if there is no Listing Broker) within 10 business days of the date Selling/Cooperating Broker made written request to Escrow Agent for escrow deposit receipt verification.