## **Escrow Deposit Receipt Verification**

FLORIDA ASSOCIATION OF REALTORS®



## 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:	

## □ Initial Deposit \$ \_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_ □ Additional Deposit \$ \_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_ Property Address: \_\_\_\_\_\_\_ Seller: \_\_\_\_\_\_\_\_ Escrow Agent Authorized Representative

**Escrow Deposit Receipt Verification** 

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

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

То	
	(Listing Broker or Seller if no Listing Broker)
Fro	om:
	(Selling/Cooperating Broker)
Da	te:
Pro	pperty Address:
Se	ler:
	yer:
	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.