## **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:	

## **Escrow Deposit Receipt Verification**

□ Initial Deposit	\$	Received on:	
☐ Additional Deposit	\$	Received on:	
Property Address:			
Seller:			 
Buyer:			
Escrow Agent Authorized Repres	sentative		
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:	
Proper	ty Address:
Seller: _	
	py of written Escrow Deposit Receipt Verification attached.
□ Sel	ling/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.