



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CONSENT TO EXAMINE AND AUDIT ESCROW OR TRUST ACCOUNT

MISSOURI REAL ESTATE COMMISSION
 3605 MISSOURI BOULEVARD
 P.O. BOX 1339
 JEFFERSON CITY, MO 65102
 (573) 751-2628 FAX (573) 751-2777
 www.pr.mo.gov/realestate.asp

339.105, RSMo requires that all funds belonging to others and held by the broker must be maintained in an escrow or trust account, registered on a consent form. Bank changes and/or newly opened or closed escrow/trust accounts must be registered on this form within ten (10) days. Do not register brokerage operating accounts or escrow accounts exclusively holding out of state funds.

This section must be completed by Individual Broker or Designated Broker of Corporation, Association (LLC) or Partnership.

NAME OF CORPORATION, ASSOCIATION (LLC), PARTNERSHIP, OR INDIVIDUAL BROKER		LICENSE NUMBER OR SOCIAL SECURITY NUMBER	
ADDRESS OF PRINCIPAL PLACE OF BUSINESS (INCLUDE NUMBER, STREET, CITY, STATE, ZIP CODE)			
MAILING ADDRESS IF DIFFERENT THAN PRINCIPAL PLACE OF BUSINESS (STREET, PO BOX, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	

A: This section is to be completed by all brokers - please check one or more boxes.

1. I do not maintain any escrow accounts. All monies belonging to others coming into my possession will be deposited with a Title company, Escrow company or Attorney. (Complete Section E).
2. I maintain a sales escrow account, but reserve the right to deposit escrow funds with a Title company, Escrow company or Attorney. (Complete Section B & Section E)
3. I maintain multiple escrow accounts for the deposit (or potential deposit) of earnest money, escrow/closing funds, rents and/or owner funds and/or security deposits. (Complete Section B & Section E)
4. I maintain property management escrow account(s), but will deposit all sales-related escrow funds with a Title company, Escrow company or Attorney. (Complete Section B & Section E)
5. I am closing the escrow account(s) noted below, but continue to maintain previously registered accounts. (Complete Section D & Section E) NOTE: IF closing your ONLY or LAST escrow account, mark box A1 & complete Section D & E.
6. I maintain individual owner account(s). The account(s) are held in the owner's name, but one or more brokerage staff members or licensees have signing rights. (Please note that these accounts must be registered) (Complete Sections B and E)
7. I maintain individual owner accounts. No licensee or staff member of the brokerage has signing authority on any owner account. (Please note that these accounts do not need to be registered). (Complete Section E)

"I hereby acknowledge that all funds not my own coming into my possession will be deposited into a registered escrow or trust account as required by 339.105, RSMo, or, that those funds will be deposited with a Title Company, Escrow Company or Attorney, as indicated above. Furthermore, I certify that all funds held in an escrow or trust account will be held in accordance with 339.105, RSMo, 20 CSR 2250-8.120, and 20 CSR 2250-8.220".

B. NEW ACCOUNT(S) - Fully complete this section and sign in Section E. IDENTIFY THE ACCOUNT NUMBER AS SHOWN ON THE BANK STATEMENT. DO NOT INCLUDE BANK ROUTING NUMBER, CHECK NUMBER, OR THE DEPOSIT NUMBER.

1. NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> SEC DEP <input type="checkbox"/> OTHER _____
2. NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> SEC DEP <input type="checkbox"/> OTHER _____

C. CHANGE IN BANK NAME/ACCOUNT NUMBER - Enter entire new and previous bank name and account number below. Do not include bank routing, check or deposit number. Also, complete Section E.

FROM: NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> SEC DEP <input type="checkbox"/> OTHER _____
TO: NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> SEC DEP <input type="checkbox"/> OTHER _____

D. ACCOUNT(S) CLOSED - If closing an escrow or trust account, complete this Section, and Section E

1. NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	DATE CLOSED
2. NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	DATE CLOSED

I hereby authorize the designated financial institution(s) to allow a representative of the Missouri Real Estate Commission to examine and audit the account(s) mentioned above and to disclose to its representatives the originals or copies of the following records: Bank Statements, Deposit Tickets, Deposit Items, Credit and/or Debit Memos, Signature Card, and/or Cancelled Checks.

E. Signature of Individual Broker or Designated Broker of Corporation, Association (LLC) or Partnership Required.

ORIGINAL OR VERIFIABLE ELECTRONIC SIGNATURE OF BROKER	DATE	PRINT OR TYPE BROKER'S NAME
---	------	-----------------------------