

**\*\*\*Existing Escrow Customers: Please complete this form if there have been any changes in your office (ie: phone numbers, fax number, staffing changes). Thank you!**

## **Larimer County Escrow Account Registration**

Company Name: \_\_\_\_\_

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

Point of Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Desired Account Password: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Please select your preferred deposit payment method:

Checks

Cash

ACH

\*\*\*Please note, should there be a situation where your check or ACH payment is not cleared by your financial institution, you would be required to provide a cash deposit on the following business day.

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

Printed Name: \_\_\_\_\_

Please list any individuals who are authorized to request copies on your account:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to: Larimer County Clerk & Recorder  
P.O. Box 1280  
Fort Collins, CO 80522**

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**FOR RECORDING USE ONLY**

Agent Key Assigned: \_\_\_\_\_

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

Account Info Emailed to Customer Date: \_\_\_\_\_

Email Sent to Staff: \_\_\_\_\_

Initial Deposit Amount: \_\_\_\_\_

Completed By: \_\_\_\_\_