

MOSAIC ESCROW

909-542-6500
fax 909-542-8500

WIRE AUTHORIZATION

ESCROW # _____

I/WE AUTHORIZE YOU TO WIRE TRANSFER THE SUM OF \$ _____
DIRECTLY INTO THE BANK ACCOUNT LISTED BELOW. I/WE
UNDERSTAND AND AGREE THAT THERE WILL BE A \$25.00 FEE FOR
THIS SERVICE.

BANK NAME: _____

ADDRESS: _____

BANK PHONE NUMBER: _____

ACCOUNT NO.: _____

ABA/ROUTING NO.: _____

(Please call your bank to verify the correct routing #. Do not take the routing # from your check
or deposit slip. This may result in a delay of your funds)

EXACT NAME ON ACCOUNT: _____

YOUR
ADDRESS: _____

Signature

Signature

All parties entitled to these funds must sign, authorizing wire transfer.

**PLEASE COMPLETE AND ATTACH COPY OF DEPOSIT SLIP, IF AVAILABLE
SIGN AND RETURN.**