AGENCY TITLE INC
6500 Glenridge Park Place • Suite 7 • Louisville KY 40222
P 502.339.1145 | F 502.339.1147

SELLER AUTHORIZATION & PROCEEDS WIRING INSTRUCTIONS

I/We request the proceeds of the sale of the below referenced property be wired to the following account after closing. I/We understand if any of the information requested below is inaccurate or false, this will result in the wire being returned without proper credit to your account.

Agency Title, Inc. is not responsible for the loss of any miss-wired funds, and I understand it is my responsibility to provide Agency Title, Inc. with the correct wiring information.

Name: _____

Address: _____

Wire Funds to (Bank Name*): _____ **Phone: ( ) ___ - ____**

Name(s) Listed on Account: _____

Account Number: _____

ABA Routing Number: _____

***If using a credit union account, please contact Julie Byrnes at 502.339.1145 for additional assistance.**

Additionally, by signing below, I/We agree to pay any fees incurred or necessary to complete the wire transfer requested above.

_____ _____

Signature **Date** **Signature** **Date**