

1120 College Dr Ste 204 Bismarck ND 58501 Phone: (701) 328-9749 Email: ndrec@nd.gov Website: realestatend.org

THIS FORM MUST INCLUDE A CHECKING ACCOUNT NUMBER; BANK CERTIFICATION; AND THE ACCOUNT TITLE IN THE NAME UNDER WHICH THE BROKER IS, OR APPLICANT HAS BEEN, DOING BUSINESS.

A FINAL BANK STATEMENT INDICATING A ZERO BALANCE MUST ACCOMPANY THIS FORM.

Print Name of Broker (First, Last)			License Number
The broker authorizes an authorized representate estate trust account as required by NDCC 43-23		state Commission to e	xamine the real
Signature of Broker			Date
ACCOUNT INFORMATION The real estate trust account to be closed is carrie	ed with the following bank under	r the following accoun	t name and number:
Name of Bank			
Address	City	State	ZIP Code
Real Estate Trust Account (Exact title of the account as ca	rried on bank records. <i>Trust Account</i>	or Escrow Account must	be part of the title)
Bank Account Number			
CERTIFICATION OF BANK I certify that the above broker has closed the real (Bank: Keep a copy of this signed form in the bar		⁄e.	
Name of Bank			
Address	City	State	ZIP Code
Bank Official Signature		l	Date
Official Title			