



SHEBOYGAN COUNTY

Ellen R Schleicher
Register of Deeds

Debbie Huberty
Office Supervisor

ESCROW ACCOUNT FORM

The company of _____ whose street address is **(including City, State & Zip)** _____, phone number is _____, fax number is _____, email address is _____ and Federal ID # is _____, hereby establishes an escrow account. The initial deposit of _____ (must be at least \$25) for the purpose of receiving document copies and/or recording documents in the office of the Sheboygan County Register of Deeds.

_____	_____
Signature of company officer	Date
_____	_____
Name printed/typed	Title of signor

These people are authorized to use the escrow account:

USER NAME: _____ (some part of the business name)
PASSWORD: _____ (at least 4 characters, is not case sensitive)

IF YOU ARE UPDATING THIS FORM YOU DO NOT NEED TO COMPLETE THE INITIAL DEPOSIT, USER NAME AND PASSWORD AREAS.

Note: If any of this information changes, it is the responsibility of the company to complete an updated Escrow Account Form and forward it to the Register of Deeds office.

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03/29/2017