



Contract Servicing Agreement

Trust Accounting Center (TAC) is requested to establish an account for the purpose of receiving, accounting for and disbursing funds due in accordance with the terms of the accompanying documents. Trust Accounting Center is to administer this account in accordance with its standard Policies and Procedures as stated in a separate document.

I. PAYORS - The payments due as specified in the accompanying documents will be made to TAC by:

Name _____	Cell _____
Name _____	Cell _____
Address _____	Phone _____
City _____ State _____ Zip _____	Email _____

II. LENDERS - TAC is to collect and account for these payments which are owed to:

Name _____	Cell _____
Name _____	Cell _____
Address _____	Phone _____
City _____ State _____ Zip _____	Email _____

For additional payors/Lenders information, attach separate pages or complete individual forms.

III. FEES - **The establishment fee should accompany this agreement.** Administrative fees are normally collected from each payment.

The Lender will pay _____ % and the Payor will pay _____ % of fees. (*Payor signature is required if paying fees*)

IV. DOCUMENTS - The following documents are enclosed. *Check if document is a copy and not original:*

- | | | |
|--|---|--|
| <input type="checkbox"/> Promissory Note (___copy) | <input type="checkbox"/> Real Estate Contract (___copy) | <input type="checkbox"/> UCC (___copy) |
| <input type="checkbox"/> Deed of Trust (___copy) | <input type="checkbox"/> Fulfillment Deed (___copy) | <input type="checkbox"/> Mobile Home Title (___copy) |
| <input type="checkbox"/> Signed Request for Reconveyance | <input type="checkbox"/> Security Agreement (___copy) | <input type="checkbox"/> Other as indicated on the attached list |

Original documents are not considered to be delivered irrevocably into a True Escrow unless they are accompanied by a separate agreement. Please complete a True Escrow form and attach if desired.

V. AUTHORIZATION - Trust Accounting Center is hereby requested and authorized to establish an account. The individuals signing below do so on behalf of themselves and their co-lenders or co-payors. By signing, we verify that we have read the Policies and Procedures and agree with the terms.

Lender Signature _____	Date _____
(required)	
Payor Signature _____	Date _____
(optional unless paying fees)	

Return completed agreement and documents to Trust Accounting Center