



PO Box 327 • Kalspell, MT 59903 • (406) 257-8186 • Fax (406) 257-9515 • NMLS # 1185532
info@paymentservicingcorporation.com • www.paymentservicingcorporation.com

ESCROW RECEIPT

Buyer Name:

Seller Name:

Documents to be held in Escrow:

which it agrees to hold as Escrow Agent under the following instructions, to-wit:

- A. Opening fees to be paid by:
- B. Collection fees to be paid by:
- C. Closing fees to be paid by:

This escrow is taken expressly subject to terms, exceptions, provisions and conditions herein stated which are acceptable and approved by all of the parties accepting this receipt or interested in the escrow being as follows:

1. The Escrow Agent shall be liable as a depository only and shall not be responsible for the sufficiency or accuracy of the form, execution or validity of documents deposited hereunder, or any description of property or other thing therein, nor shall it be liable in any respect on account of the identity, authority, or rights of the persons executing or delivering, or purporting to execute or deliver any such document or paper.
2. The Escrow Agent shall not be liable for collection items until the proceeds of the same in actual cash have been received; Nor shall it be liable for the default in payment of any installment of principal or interest, nor the outlawing of any rights under The Statute of Limitations in respect to any documents deposited; nor for interest on any deposit of money. It may rely upon any paper, document or other writing believed by it to be authentic in making any delivery of money or property hereunder.
3. The Escrow Agent shall be entitled to compensation for its services; may employ attorneys for the reasonable protection of the escrow property and of itself, and shall have the right to reimburse itself out of any funds in its Possession for costs, expenses, attorney fees and its compensation and shall have a lien on all money, documents, or property held in escrow to cover same. (SEE ATTACHED FEE SCHEDULE). FEES SUBJECT TO CHANGE. All parties agree to the attached Fee Schedule and any subsequent fee adjustments. **ESCROW FEES ARE TAKEN FIRST FROM ALL PAYMENTS.**
4. In accepting any funds, securities or documents delivered hereunder, it is agreed and understood that, in the event of disagreement between the persons herein mentioned or persons claiming under them, or any of them, the Escrow Agent, will and does, reserve the right to hold all money, securities, and property in its possession and all papers in connection with or concerning this escrow, until a mutual agreement has been reached between all of said parties or until delivery is legally authorized by final judgment or decree of court. The Escrow Agent reserves the right to dispose of the escrow by inter-pleader or other suitable action in the event of controversy.
5. Time is and shall be insofar as the Escrow Agent is concerned of the essence of this agreement and part of the consideration and a waiver in one instance as to a time condition shall not operate to prevent an objection for any subsequent default in point of time.
6. Payment Services Corporation, reserves the right to assign the file to a licensed, bonded servicing company if such an event becomes necessary in the course of business.
7. The Seller/Lender is responsible to return any funds Payment Servicing has received from their Buyer/Borrower and remitted to them that have been returned uncollected to Payment Servicing.

Executed :

Payment Servicing Corporation

Date: _____

BY: _____

Approved by Signature of Depositors:



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SELLER/LENDER INFORMATION
 Attach Additional Seller/Lender Addendum if Needed

NAME:			
ADDRESS:			
CITY	State	Zip Code	
HOME PHONE	Work Phone		
CELL PHONE:	Fax:		
EMAIL:			
LEGAL NAME:	*W9 REQUIRED / SEE WEBSITE FOR A W9 *		
LEGAL NAME:	*W9 REQUIRED / SEE WEBSITE FOR A W9 *		
Remittance of funds:	****ATTACH A VOIDED CHECK--NOT A DEPOSIT SLIP****		

****SELLER IS RESPONSIBLE TO NOTIFY ESCROW AGENT OF INTEREST AND OTHER CHANGES****

BUYER/BORROWER INFORMATION
 Attach Additional Buyer/Borrower Addendum if Needed

NAME:			
ADDRESS:			
CITY	State	Zip Code	
HOME PHONE	Work Phone		
CELL PHONE:	Fax:		
EMAIL:			
LEGAL NAME:	*W9 REQUIRED / SEE WEBSITE FOR A W9 *		
LEGAL NAME:	*W9 REQUIRED / SEE WEBSITE FOR A W9 *		
Automatic Withdrawl of funds:	****ESTABLISH WITH YOUR BANK USING BOTH PARTIES NAMES AS REFERENCE ****		

NOTE TERMS

GENERAL		PAYMENT FREQUENCY	
Loan Balance:		Payment Frequency:	
Interest Rate:		Due Date:	
**Seller is responsible to notify Escrow Agent of interest rate changes		REGULAR PAYMENT	
Next Revision Date:		P&I Payment:	
Maturity Date:		Reserve Pymt:	
		Total Pymt w/out fee:	
LATE FEE STRUCTURE		PENALTIES	
Grace Days:		Prepayment Penalty:	
Amount/Percentage:		Terms of Prepayment Penalty:	

PROPERTY INFORMATION

Address:			
City:	State:	Zip Code:	
Assessors No.:			
Property Description:			
Is Property:	Bare Land	Primary Residence	Other: _____