

Change Request Form

To have your payments electronically deposited or update your mailing address, complete this form and return to PTC Long Term Escrow.

Long Term Escrow: _____

Change of Mailing Address

Name _____
Address _____
City, State Zip _____

Phone

Work _____ Mobile _____
Home _____ Fax _____

Electronic Deposit Information

Financial Institution Name: _____
Routing Number (ABA): _____
Account Number: _____

Account Type

Personal Checking Corp Checking
Personal Savings Corp Savings

Until further written notice by seller/s, the distribution of funds received on this escrow shall be deposited to the account indicated above.

Authorized Signature

Date

Authorized Signature

Date

