Oregon Department of Consumer and Business Services Division of Financial Regulation 350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-947-7300 • Fax: 503-947-7862 dfr.ndp.licensing@dcbs.oregon.gov dfr.oregon.gov



NOTICE OF CLIENTS' TRUST ACCOUNT

TO:		
Bank name:		
Under the provisions of ORS	Chapter 86A.100 through	86A.992 I am the mortgage (check one) D banker D broker for
(name of licensee)		
	6A.157(2), I am required	to maintain in Oregon a clients' trust account for the purpose of
With regard to the account(s)	numbered	,
which is(are) designated as a c	clients' trust account, the a n myself and in my fiduce	account(s) is(are) maintained with you as a depository for money iary capacity as a mortgage (check one) Danker Dbroker
Date:	Title:	
Name:		Signature:
Acknowledgement of Receip		
I, (name)		, a duly authorized representative
		of , do hereby acknowledge receipt
of the Notice of Clients' Trust		
Date:	Title:	
Name:		Signature:
AUTHOR	ZIZATION TO EXA	MINE CLIENTS' TRUST ACCOUNT
Name of licensee:		Account number:
Financial institution:		Branch location:
	Business Services to example	ORS 86A.157(3), I hereby authorize the director of the mine the account noted above, which is the clients' trust account
Person authorized to sign on b	ehalf of licensee:	
Date:	Title:	
Name:		Signature:
DFR Division of Financial Regulation		
Department of Consumer and Business Services		