

**MONTANA MORTGAGE LENDERS AND SERVICERS
CERTIFICATE OF AUTHORIZATION TO
EXAMINE ESCROW ACCOUNTS**

To: State of Montana
Division of Banking and Financial Institutions

For: _____
licensee/applicant company name

The undersigned principal officer of the above listed licensee/applicant, hereby certifies that such firm has established and maintains an escrow account(s) (Escrow Account) in compliance with the Montana Mortgage Act, Mont. Code Ann. § 32-9-145.

I certify that each Escrow Account held for this purpose is correctly identified below:

Escrow Account No.: _____	Escrow Account No.: _____
Financial Institution: _____	Financial Institution: _____
Branch: _____	Branch: _____
Street Address: _____	Street Address: _____

The undersigned hereby authorizes the Commissioner of the Montana Division of Banking and Financial Institutions, or her designee, to examine the above described Escrow Account(s). The undersigned further authorizes the above listed financial institution(s) to release to the Commissioner, or her designee, information relating to the Escrow Account(s) listed above, such information to include all account records and information. **The undersigned further acknowledges that any violation of the Montana Mortgage Act is subject to the penalties in Mont. Code Ann. § 32-9-133.**

signature of officer

date

print officer's name

title