



OREGON ASSOCIATION OF REALTORS®
HOME FOUNDATION (OAR HOME)
ENROLLMENT FORM FOR PARTICIPATING
FINANCIAL INSTITUTIONS

Financial Institution _____

Mailing Address _____

City / State / Zip _____

Authorizing Officer and Title _____

Phone Number _____

Phone # _____ Fax # _____ ABA # _____

The above named financial institution participates in the Oregon Association of REALTORS® HOME Foundation by agreeing to provide an interest-bearing trust account for the Oregon Association of REALTORS® participating real estate brokers. All interest on such accounts shall be paid to:

Oregon Association of REALTORS®
HOME Foundation
PO Box 351
Salem, OR 97308

_____ This financial institution does not require a minimum amount to open a HOME Foundation account or a minimum balance to earn interest. Any account activity fees and charges for remitting interest are waived.

_____ This financial institution requires a minimum amount of \$ _____ to open a HOME Foundation account and a minimum balance of \$ _____ to earn interest. Account activity fees are \$ _____ and charges for remitting interest are \$ _____.

If an existing account is being converted to an interest-bearing account:

Are new signatures cards required? Yes No

Will the existing account number change? Yes No

Remittance schedule: _____ Monthly _____ Quarterly

Does the HOME Foundation have permission to list the financial institution, contact person and phone number on our web site? Yes No

If yes, what is the person's name and phone # _____

Name of Authorized Officer

Signature of Authorized Officer Date