

OREGON REALTORS® HOME FOUNDATION

ENROLLMENT FORM FOR PARTICIPATING FINANCIAL INSTITUTIONS

Financia	al Institution		
Mailing	Address		
City / St	ate / Zip		
Authoriz	zing Officer and Title		
Phone N	Number		
Phone #	# Fax #	<i>#</i>	ABA#
agreein		ccount for the shall be paid to LTORS® dation	egon REALTORS® HOME Foundation by Oregon REALTORS® participating real o:
	account or a minimum balance to earn remitting interest are waived.	n interest. Any	
	This financial institution requires a mir Foundation account and a minimum b fees are \$ and charges	alance of \$	to earn interest. Account activity
If an exi	isting account is being converted to an	interest-bearing	ng account:
Are new signatures cards required?		Yes	No
Will the existing account number change?		Yes	No
Remittance schedule:		Monthly	Quarterly
	e HOME Foundation have permission on our web site?	to list the finar Yes	ncial institution, contact person and phone No
If yes, w	what is the person's name and phone:		
	Name of Authorized Officer		
	Signature of Authorized Officer	Date	