



Lawyers 1st Title

Fax: 954-561-5704

Escrow Disbursement Form

Date: _____

Buyer: _____

Subject Address: _____

City: _____ **Zip:** _____

Seller: _____

Amount: \$ _____

BHG Real Estate Florida 1st Agent: _____

Check will be payable to: _____

Address and telephone number (if check to be mailed):

Pick up check at Lawyers 1st: _____ **Courier check to BHG office:** _____ **Wire** _____
(\$25.00 Fee)

***Contract Cancelled:** _____
(Please include cancellation of contract signed by both buyer and seller)

***Offer not accepted:** _____

***Transfer Deposit:** _____

**2817 E. Oakland Park Blvd., Suite 201-A
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(954) 561-5703 Phone
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