

**DISBURSEMENT AUTHORIZATION LETTER
24 HOUR ADVANCE NOTICE REQUIRED**

Date _____

To: First Nations Tax Deferred Exchange Corp.
7757 W Devon Avenue
Chicago, IL 60631
Fax 773-594-0600

From: _____

Signature

RE: Escrow account #: _____
Taxpayer name: _____

Disbursement for: Earnest money deposit
(Check one) Replacement property Acquisition
Balance due owner – Completed
Balance due owner – failed

Property for which disbursement is made _____

Disbursement amount: _____
Date Disbursement executed: _____
Date Disbursement received: _____

If check:
Payable to: _____
Name and Address of recipient: _____

Delivery by: US Mail Overnight Mail

If wire Transfer:

ABA Number: _____

Name of Bank: _____

Address of Bank: _____

Account # : _____

Account Name: _____