

**DISBURSEMENT/AUTHORIZATION FORM-1031
EXCHANGE ACCOUNT**

**48 HOUR ADVANCE NOTICE IS REQUIRED PRIOR TO
DISBURSEMENT**

Date: _____

To: Attn: Wealth Management
Old Second National Bank
37 S. River Street
Aurora, IL 60506
Ph: 630-906-2000

From: _____

Ph: _____
Fax: _____

SIGNATURE

SIGNATURE

RE: Account No.: _____ Taxpayer's Name: _____

Reason for Disbursement: Earnest Money Deposit Replacement Property Acquisition
 Balance due owner-Completed Balance due owner-Failed
 Other _____

Identified property for which disbursement is to be made: _____

Disbursement Amount: \$ _____

Date disbursement is to be executed: _____

Date disbursement is to be received: _____

If a check is requested, provide the following:

Payable to whom: _____

Name & Address of recipient: _____

Phone number of recipient: _____

Delivery method: Mail Messenger Overnight Hold for Pickup

If wire transfer is requested, provide the following:

Name of Bank: _____

Account Name: _____

Address of Bank: _____

Account Address: _____

Tel. No. of Bank: _____

Account No.: _____

ABA No.: _____