

**DENALI ESCROW SERVICES, INC.** PO Box 74171 FBKS, AK 99707  
907-474-3745 ph. 888-521-4786 fax

**AUTHORIZATION TO CLOSE ACCOUNT**

I (we) hereby authorize Denali Escrow Services, Inc., to close out/or cancel my (our) Contract Collection Account held currently with you.

Account Number: \_\_\_\_\_

Please forward all original documents to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) understand that it is my (our) responsibility to notify the payor(s) of this contract of any and all changes. I (we) also understand that any fees, that may be charged to close out this account, are my (our) responsibility and will be paid to Denali Escrow Services, Inc. prior to releasing any and all documents.

\_\_\_\_\_  
Seller Name:

\_\_\_\_\_  
Seller Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Received and accepted by Denali Escrow Services, Inc. on \_\_\_\_\_

by \_\_\_\_\_

Its \_\_\_\_\_

Date sent to the above address \_\_\_\_\_