

DEPOSIT RETURN

Invoice # [0000]

Date: [Date]
Escrow ID: [ID Number]

ESCROW AGENT / PAYER

[Company Name]
[Address Line 1]
[City, State, Zip]

RECIPIENT / PAYEE

[Name]
[Address Line 1]
[City, State, Zip]

Description	Amount
Original Escrow Deposit Amount	\$0.00
[Less] Deductions / Fees	(\$0.00)
[Add] Interest Earned (if applicable)	\$0.00
Subtotal	\$0.00
Total Refund	\$0.00

Property/Transaction Reference: [Address or Contract Description]

Note: This document serves as a formal record of the escrow deposit refund. Please allow [X] business days for funds to clear.