

EARNEST MONEY REFUND INVOICE

Invoice #:

Date:

To (Payee):

Address:

Phone/Email:

Property Address:

Contract Date:

Escrow Holder:

Description	Amount
Original Earnest Money Deposit (EMD)	\$
Less: Non-Refundable Fees/Deductions (if any)	(\$)
TOTAL REFUND AMOUNT	\$

Reason for Refund:

Authorized Signatory (Escrow Agent/Broker)

Date

Payee Acknowledgment / Recipient

Date

* Please allow 5-10 business days for processing and delivery of funds.