

First National Bank Alaska

Change of Payer

Dated: _____

To: **The First National Bank Alaska**

P.O. Box 100720

Anchorage, AK 99510-0720

1-907-777-3430 or 1-800-856-4FNB (4362)

RE: Account No.: _____

Payer: _____

Payee: _____

PART A

(to be completed by Existing Payer)

It is acknowledged by the undersigned payer(s) that henceforth you should recognize the following as the payer:

*(list any new payers and any remaining payers above)
(Original signatures required. Type name and address below signature line)*

Signature: _____
Print Name _____ Payer

Mailing Address _____

Signature: _____
Print Name _____ Payer

Mailing Address _____

Signature: _____
Print Name _____ Payer

Mailing Address _____

Signature: _____
Print Name _____ Payer

Mailing Address _____

Dated: _____

Names must appear exactly as names listed on original instructions.

PART B

(to be completed by New Payer)

Receipt is acknowledged of your current fee schedule and a copy of all parts of the instructions, including amendments, for the above account, and each of the undersigned hereby joins in these instructions as a payer. Current and future changes by bank in its schedule of fees (basic and special) are applicable to fees that become due hereafter. Also, it is acknowledged that you have no responsibility as to the validity of any transfer of property to the undersigned that may have occurred in conjunction with the substitution of payer referred to in Part A above.

(Original signatures required. Type name and address below signature line)

Signature: _____
Print Name _____ New Payer

Mailing Address _____
Signature: _____

Print Name _____ New Payer

Mailing Address _____

Signature: _____
Print Name _____ New Payer

Mailing Address _____
Signature: _____

Print Name _____ New Payer

Mailing Address _____

Dated: _____

Warning: The purpose of this form is to change Escrow Department records only. It is not intended to be a substitute for any deed, assignment, or other legal document of transfer.