

First National Bank Alaska
Escrow Collection Instructions – Exhibit A
(Disbursements to payee(s))

Dated:	Account No.:
To First National Bank Alaska: Of money remaining for disbursement, after disbursement to prior mortgagee and/or security assignee, if any. Funds are disbursed by percentage only. The total of all percentages must equal 100%.	
Payee(s) Disbursements	
Disburse	% To: _____, payee(s), by
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Disburse	% To: _____, payee(s), by
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Disburse	% To: _____, payee(s), by
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Disburse	% To: _____, payee(s), by
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Consecutive Disbursement Balance Record	
Account No.:	
Disburse	% To: _____, payee(s), by
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____ With instructions (if any) to deposit to: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Until:	and an amount equal to _____ % a year (from _____) of the declining balance thereof has been disbursed;
thereafter , disburse the same percentage to _____, payee(s), by	
<input type="checkbox"/>	Depositing to First National Bank Alaska account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/>	Mailing cashier's check payable to: _____ At: _____ With instructions (if any) to deposit to: _____
<input type="checkbox"/>	EFT: Financial Institution: _____ Routing #: _____ Address: _____ For Deposit to: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account No.: _____ <i>(Please attach a voided check, if possible)</i>
Payee Signature:	
Payee Signature:	

(Terms and conditions stated on the reverse side)

Disbursements will be governed by the rules of the National Automated Clearing House Association then in effect.

If a check or other item upon which EFT disbursement was based is not collected, you may recover from the undersigned by an adjusting debit entry, which you are hereby authorized to initiate in accordance with said rules.

The undersigned will hold you harmless from, and will defend and indemnify you against, any and every claim or loss that may arise from your complying with this authorization.

Acceptance of these instructions by First National Bank Alaska is subject to acceptance of the EFT disbursement by the receiving financial institution. In accordance with the said rules, First National Bank Alaska will send a pre-note test to the receiving financial institution, and if such test is accepted, these instructions will be implemented within 20 days of receipt. In the event the receiving financial institution will not accept the pre-note test, and upon notification to the undersigned, alternate written disbursement instructions will be provided.

Please initial here: Payee: _____ Payee: _____ Payee: _____ Payee: _____