

**DISBURSEMENT/AUTHORIZATION FORM-1031 EXCHANGE ACCOUNT
48 HOUR ADVANCE NOTICE IS REQUIRED PRIOR TO DISBURSEMENT**

Date: _____

To: Old Second National Bank
37 So. River Street
Aurora, IL 60506
Attn: Investment & Trust Group

Ph: 630-906-2000 Fax: 630-892-0170

From: _____

Ph:

Fax:

SIGNATURE(S) _____

RE: Account No. _____ **Taxpayer's Name:** _____

Reason for Disbursement: Earnest Money Deposit Replacement Property Acquisition
 Balance due owner – Completed Balance due owner – Failed
 Other _____

Identified property for which disbursement is to be made: _____

Disbursement Amount: \$ _____

Date disbursement is to be executed _____

Date disbursement is to be received _____

If a check is requested, provide the following:

Payable to whom _____

Name & Address of recipient

Phone number of recipient _____

Delivery method Mail Messenger Overnight Hold for Pickup

If wire transfer is requested provide the following:

ABA Number _____ Name of Bank _____

Address of Bank _____ Account Name _____

_____ Account No. _____

Account Address
