## Escrow Application Goodyear

Development Services 1900 North Civic Square, Second Floor, Goodyear, AZ 85395 (623) 932-3004, Opt 2

Please Choose				
Account Type*: Planning				_
*Please note, funds for one type of account.	f account may no	t be used for p	ayment from the other type o	)f
account.				
Company Name:				_
Address:				_
City:		State:	Zip Code:	
Phone Number:		Fax:		
Contractor Name (If different from	n above):			_
AZ Sales Tax Number:		ROC N	umber and Class:	
Authorized Users of Escrow Accor				
				_
				_
Monthly statements will be emailed	ed out no later tha	an the 5 <sup>th</sup> day o	of the following month. Pleas	e
list the names and email addresses	s of recipients of	these statemer	nts.	
				_
				_
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Deposits are accepted via check,	wire transfer, or	ACH. (Wire trar	nsfer/ACH instructions provide	d
upon request)				
Printed Name	Date	Signature	Date	e
	Department \	Jse Only		
Date Processed	Proc	essed Rv		
	Processed By:			
Account Number:	Depo	osit Amount:		_