ATTORNEYS' TITLE GUARANTY FUND, INC.

N14W23800 Stone Ridge Drive
Suite 120
Waukesha, WI 53188-1144
262.347.0102
Fax: 262.347.0110

OWNER'S PAYMENT AUTHORIZATION

To: Attorneys' Title Guaranty Fund, Inc.
ATTN: _____

From: _____
_____
_____

Escrow No.: _____

Project Name: _____
Address: _____
_____

The undersigned hereby authorizes and directs _____, as Escrowee, to disburse the sum of $ _____, as requested on the General Contractor's Sworn Statement, dated _____, in accordance with the above captioned escrow project.

The undersigned also authorizes and directs _____, as Escrowee, to disburse the sum of $ _____, as requested on the Owner's Sworn Statement, dated _____, in accordance with the above captioned escrow project.

_____
Signature of Owner

_____
Date