



Georgia Real Estate Commission Georgia Real Estate Appraisers Board

229 Peachtree Street NE
International Tower, Suite 1000
Atlanta, GA 30303-1605
Phone: 404-656-3916
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www.grec.state.ga.us

Trust Account Registration Form

This form may be used to: (1) **Add** new Trust Accounts to a Firm record, (2) **Remove** existing Trust Accounts from a Firm record, (3) **Change** the *account number* of a Trust Account already registered with GREC, (4) **Change** the *bank name* of a Trust Account already registered with GREC.

New accounts should be registered with the Commission **within one month** of opening. Any account not registered within one month requires a \$25.00 fee. The adding and removing of Trust Accounts may also be done online, by logging into the Firm record. (If updated online, this form is not required.)

Section A Firm Information

Firm Name:

Firm License #

Firm Email:

Section B Register Trust Account

Institution Name

Account #

Effective Date

Type of Trust Account:

Firm (Skip to Section D)

Affiliated Licensee* (Complete Sections C & D)

Section C Affiliated Licensee Information

*Affiliated Licensees may open and maintain Trust Accounts only for properties owned by the Licensee with the permission of the Broker holding Licensee's license. (See Chapter 520-1-.08) If this account is to be used exclusively by a Licensee, provide the name and license number below:

Licensee Name

License Number

I hereby authorize the Commission to examine any of the firm's real estate escrow / trust accounts at such times as it may direct. I certify that the above referenced account(s) are federally insured and are or use for only the deposit of the funds of others in real estate brokerage transactions, as required by law.

I hereby certify the information provided in this application is true to the best of my knowledge and belief.

Licensee Signature

Date

Section D Broker Approval to Add Account

I hereby approve the above mentioned account as permitted by O.C.G.A. §43-40-20.

Broker Signature

Date

FOR OFFICE USE ONLY

Rec Dt

Rec By

Fee

Proc By & Proc Dt

Codes

INV

LIC#



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Section E Remove Trust Account

Institution Name Account # Effective Date

If this account was registered as an Affiliate Account, to be used exclusively by a Licensee, provide the Licensee's name and license number below:

Licensee Name License Number

Section F Broker Approval to Remove Trust Account

I hereby authorize the removal of the above mentioned account as permitted by O.C.G.A. §43-40-20 (f) & (h).

Broker Signature Date _____

Section G Bank Name or Account # Change

Use this section to list any changes to **existing** Trust Accounts that have been **previously registered** with GREC, for which either the Bank Name or Account Number has been changed.

Bank Name Change:

Account #	Previous Bank Name	New Bank Name

Account Number Change:

Bank Name	Previous Account #	New Account #

I hereby authorize the above changes to our Firm Trust Accounts as required by O.C.G.A. §43-40-20.

Broker Signature Date _____