

Master Account Title: \_\_\_\_\_ Master Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Please complete the appropriate sections below and submit this form along with the W-9 and/or applicable W-8 forms and any supporting documentation, such as Power of Attorney papers, to the M&T Escrow Services Department. All forms and documents can be faxed to the M&T Escrow Services Department at 1-888-964-8797 or mailed to: M&T Escrow Services Department, P.O. Box 4621, Buffalo, NY 14240.

(\*M&T Escrow Services Allocation Forms are not required for clients who are enrolled in Escrow Online to open and close sub-accounts. For more information about Escrow Online, please contact your Relationship Manager or M&T's Commercial Service Team at 1-800-724-2240 Monday-Friday 8am – 6pm ET.)

Failure to complete this form in its entirety and in a timely manner may result in processing delays

**Master and Sub-Account Closing**

To close your master account (listed above) and all linked sub-accounts, please check the box to the right.

*Note: In order for us to close your master account, it must contain a zero balance. You do not need to list each sub-account separately.*

**Sub-Account Information**

Please complete the section below in order to open a new sub-account, change details of an existing such account, or close a sub-account.

**See page 2 for instructions.**

Sub-Account Number	Tenant/Client Name	Sub-Account Address	Reference (Lease Security Only)	Amount	Check Number	Deposit or Withdrawal Date	Close, New, Existing	Deposit, Withdrawal, Maintenance

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT:**

Authorized Signature	Name (print)	Title	Date Signed
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**Instructions:**

**M&T Escrow Services Client Support Information**

For all M&T Escrow related questions (including assistance with this form), please contact the Commercial Service Team at 1-800-724-2240 Monday through Friday between the hours of 8:00am and 6:00pm ET.

**Sub-Account Number**--please provide the sub-account number.

**Tenant/Client Name**--please provide the name of the sub-account tenant or client.

**Sub-Account Address**--please provide the address of the sub-account tenant or client.

**Reference**—Lease Security only. Please provide a tenant/client reference of your choosing that will be used to sort the monthly statements. The reference can be up to ten characters and may be alpha or numeric or a combination of both. For example, landlords may use an apartment number. If no number is given, a generic default will be assigned.

**Amount**--please provide the dollar amount associated with the requested allocation.

**Check Number**— Please provide the check number(s) associated with the allocation.

**Deposit or Withdrawal Date**— The date the funds were deposited or withdrawn from your Master account.

**Close, New, Existing**--please provide one of the following to indicate the request type. **C=Close Account, N=New Account, E= Existing Account**

**Deposit, Withdrawal, Maintenance**--please provide one of the following to indicate the transaction type. **D= Deposit, W= Withdrawal, M= Maintenance (ie-address change)**

<b>Sub-Account Number</b>	<b>Tenant/Client Name</b>	<b>Sub-Account Address</b>	<b>Reference (Lease Security Only)</b>	<b>Amount</b>	<b>Check Number</b>	<b>Deposit or Withdrawal Date</b>	<b>Close, New, Existing</b>	<b>Deposit, Withdrawal, Maintenance</b>
12345	Jane Mary	17 Domicile Rd Apt 1 City, ST 45685	001	100.00	123	01.01.2018	C	W
	John Doe	17 Domicile Rd Apt 3 City, ST 45685	003	150.00	456	01.11.2018	N	D
54321	Mike Smith	17 Domicile Rd Apt 5 City, ST 45685	005	200.00	789	01.15.2018	E	D