



8419 La Mesa Blvd C
La Mesa, Ca. 91942
619-644-8500
Hppsupport@lmfce.com

TO: La Mesa Fund Control & Escrow, Inc

Fund Control # _____

CHECK OR WIRE TRANSFER PAYMENT FORM

OWNER/ REQUESTORS NAME: _____

PROPERTY ADDRESS: _____

REASON FOR PAYMENT: _____

The undersigned hereby instructs escrow holder to disburse for each payment drawn as follows:
We are not responsible for ANY issues arising from incorrect mailing information.

Issue check payment to (no charge):

Payee Name: _____

Payee Mailing Address: _____

OR

Wire proceeds to (\$35.00 wire fee):

Bank Name: _____

Bank Address: _____

Routing Number: _____

Account Name/Beneficiary: _____

Account Number: _____

Account Type: Checking Savings Loan Pay down

Authorized Name of Person to Confirm Wire instructions: _____

Telephone Number #: _____

****Note: For Fraud Protection, in addition to the written instructions above, the information will be verbally confirmed by escrow holder prior to wiring the funds****

Payee acknowledges a \$35.00 admin fee will be deducted from payee's payment for wire transfer

Signature

For internal use only:

Date: _____ Confirmed # _____ Verbally Confirmed with: _____

LMFCE Signature: _____