**SMITH LAW FIRM**

**Seller’s Proceeds Directive**

It is our goal to make the net proceeds available as soon as possible following closing. However, North Carolina law and State Bar ethics rules expressly prohibit disbursing prior to: (1) receiving authorization from the buyer’s lender, (2) updating the title search and (3) recording at the local register of deeds office.

Please check the appropriate box below indicating how the proceeds should be directed:

In person pick-up

□ I will pick-up the check in person. I understand I will be required to show photo ID to receive the proceeds. (No additional charge)

□ I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pick-up the check in person. I understand the recipient will be required to show photo ID to receive the proceeds. (No additional charge)

Mail/FedEx

□ I request the check be mailed USPS first class mail service to the following address (no additional charge):

□ I request the check be overnighted to the following address ($35.00 additional charge):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wire ($50.00 additional fee) .

□ I request all proceeds be wired to the account indicated below. I understand THIS OFFICE WILL NOT ACCEPT CHANGES TO WIRING INSTRUCTIONS and any request to change instructions will be assumed to be fraudulent requiring the issuance of a check. This office will not send wires outside the United States. If this directive is not signed in the presence of a SMITH LAW OFFICES employee, I understand I will be contacted via a previously provided telephone number to verify wiring instructions and funds will not be transmitted until telephone verification is completed.

|  |  |
| --- | --- |
| Bank ABA Number: |  |
| Bank Account Number: |  |
| Bank Name: |  |
| Bank Location (City and State): |  |
| Beneficiary Name: |  |
| Beneficiary Address: |  |

Sellers:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of principal).

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary’s printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_