



# Escrow Account Letter of Agreement

I/We, owners of \_\_\_\_\_ request to establish an escrow account for the specific purchase of oversize and/or overweight permits from the Texas Department of Motor Vehicles.

### Account Set Up:

An escrow account will be established with a minimum initial deposit of \$305.00.

### Base Charge:

An administration fee of \$5.00 **per deposit** will be required to cover expenses associated with the management of each account. The initial and all other deposits required include the administrative fee.

### Account Notification:

The department will provide an account statement per deposit. Submitting a check, Cashier's check or Money Order payable to the department in the minimum amount of \$305.00 and/or shall be used to replenish the Escrow Account. Permits will not be issued if an insufficient balance exists.

This agreement is entered into under the provisions of Committee Substitute House Bill 1895 passed by the 72nd Texas Legislature Regular Session.

Company Name _____		Contact Person _____	
Mailing Address _____	City _____	State _____	Zip _____
Phone Number _____	Email Address _____	USDOT/TxDMV Certificate Number _____	

Signature of Owner  
\_\_\_\_\_

<b>TxDMV Use Only</b>		
Approved _____	Date _____	Account Number _____

**Please return to this address: Texas Department of Motor Vehicles, P.O. Box 5020 - Financial Services, Austin, Texas 78763-5020**

**Please mail all monies to:**  
Texas Department of Motor Vehicles  
Financial Services  
P.O. Box 5020  
Austin, Texas 78763-5020

**When using overnight services, please mail to:**  
Texas Department of Motor Vehicles  
Financial Services  
4000 Jackson Ave.  
Austin, Texas 78731

*Please return this request if there is a termination of the business*

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## Escrow Account Cancellation Request

I, \_\_\_\_\_, request cancellation of account number \_\_\_\_\_, or request  
funds of the unused portion to be transferred to account number \_\_\_\_\_. Please refund monies to me at  
the address noted below:

Company Name

Mailing Address

City

State

Zip

Tax Identification Number

Signature of Owner

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