

**DRAW DOWN ACCOUNT AGREEMENT**

This Agreement by and between the Department of Real Estate Office of Allegheny County, (hereinafter the "Department of Real Estate") and \_\_\_\_\_, (hereinafter "Customer") provides as follows:

1. Customer hereby establishes a draw down account with the Department of Real Estate for the purpose of payment for fees and costs related to the recording and/or filing of documents with the Department of Real Estate, and copies and faxes, incurred by the Customer.
2. Customer agrees that at the time of execution of this Agreement, customer shall make an initial deposit into said account in an amount of customers choosing. Customer agrees that should the balance in said account be 0 that customer shall immediately make a deposit, in an amount of customers choosing, in order to maintain the draw down account in an active status. Failure to maintain a balance in said account shall result in the draw down account becoming inactive and not allowing customers to use same.
3. The Customer and/or each authorized user representing the customer must be assigned a separate and distinct ID and password. The Customer and each of its authorized users must fill out and file with the Department of Real Estate a separate registration form to be provided by the Recorder. The customer and every authorized user representing the Customer will bear the sole responsibility for establishing both a password and ID number and maintaining the privacy of same.
4. The Customer hereby specifically agrees to hold harmless the Department of Real Estate and any of its employees or agents from any and all liability or claims that may arise out of the use of the draw down account any system.

Intending to be legally bound by the terms set forth above, the parties, hereunto have set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

VALERIE MCDONALD ROBERTS,  
DEPARTMENT OF REAL ESTATE MANAGER

BY: \_\_\_\_\_

\_\_\_\_\_  
CUSTOMER

BY: \_\_\_\_\_

**ALLEGHENY COUNTY DEPARTMENT OF REAL ESTATE  
VALERIE MCDONALD ROBERTS, MANAGER**

**DRAW DOWN ACCOUNT FORM**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I hereby designate the user listed below as a designated user of our draw down account.

\_\_\_\_\_  
Customer Signature

Name of authorized user on the above account:

\_\_\_\_\_

ID: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

The authorized user may choose an ID and password.

**NOTE: EACH AUTHORIZED USER OF A COMPANY MUST COMPLETE THIS FORM TO PARTICIPATE IN THE DRAW DOWN ACCOUNT.**

THIS FORM MUST BE COMPLETED TO ESTABLISH A DRAW DOWN ACCOUNT FOR EITHER FAXING, COPYING OR RECORDING PURPOSES. A DEPOSIT MUST ACCOMPANY THIS FORM AT THE TIME IT IS PRESENTED TO THE RECORDER'S OFFICE.