



Real Estate Office Enrollment Form

Real Estate Firm: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____

Authorizing Broker: _____

Board: _____

Financial Institution: _____

Address: _____

Contact Person: _____ **Phone:** _____

Account Title: _____

Account Number: _____ **Bank ABA** _____

The above named real estate firm participates in Colorado REALTOR[®] Foundation's Housing Program by agreeing to maintain an interest bearing broker trust account for the benefit of the Foundation. Please return a copy of this form to address below. All distributable interest on said account shall be paid to:

Colorado REALTOR[®] Foundation Housing Program (CRF)
309 Inverness Way South Englewood, Colorado 80112

The tax identification number for the Colorado REALTOR[®] Foundation is **84-1152732**, and should be used on all participating accounts. It is understood by the participating broker and financial institution that the Foundation is the beneficiary of the earned interest only, and that all principal sums on deposit in this account remain the property of those parties to the real estate transaction for which the funds are placed in trust. The Foundation shall be identified on the account title as the beneficiary of earned interest only. This agreement may be terminated by the participating broker at any time, with 30 days written notice to the Foundation. The allocation and disbursement of all earned interest shall be at the sole discretion of the Foundation's Board of Directors.

Name of Designated Broker _____

Signature _____ Date _____