



**Oregon Real Estate Agency**  
 775 Center St NE Ste 330  
 Salem OR 97301  
 (503) 378-4170  
 www.oregon.gov/rea

## NOTICE OF CLIENTS' TRUST ACCOUNT & AUTHORIZATION TO EXAMINE

Rev 8/2025

To: \_\_\_\_\_  
 Name and address of bank

Under Oregon Real Estate License Law, I, \_\_\_\_\_ am a  
 Licensed name of principal broker or property manager

☐ Licensed Real Estate Property Manager ☐ Licensed Principal Real Estate Broker

for \_\_\_\_\_  
 Registered business name registered under ORS 696.026

Under ORS 696.241, I am required to maintain in Oregon one or more federally insured bank accounts designated as clients' trust accounts for the purpose of holding funds belonging to others received in the course of conducting professional real estate activity.

The account listed below is hereby designated as a clients' trust account. The account is maintained with you as a depository for money belonging to persons other than myself and in my fiduciary capacity as a licensed real estate property manager or licensed principal real estate broker established by client agreements in separate documents.

I hereby authorize you to furnish information requested by the Real Estate Commissioner, or authorized representative, concerning the account listed below as required by ORS 696.245.

Account Number	Account Name

\_\_\_\_\_  
 Date Signature of real estate licensee

### ***BANK ACKNOWLEDGEMENT OF RECEIPT***

I, \_\_\_\_\_, a duly authorized representative of  
 Bank representative

\_\_\_\_\_, do hereby acknowledge receipt of  
 Bank

this Notice of Clients' Trust Account and Authorization to Exam form on \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of bank representative

\_\_\_\_\_  
 Title

**NOTE:** The real estate licensee shall retain the acknowledged copy of this notice for at least six years following the closing of the account(s). ORS 696.245(5)