



APPLICATION FOR TITLE/LIEN ESCROW ACCOUNT

Revenue Accounting
PO Box 2409, ESP
Albany, NY 12220-0409

To apply for an Escrow Account a \$200.00 minimum balance, or an amount sufficient to cover lien filings for a two-month period, is required.

Please provide the information below, and return this letter with your check made payable to Commissioner of Motor Vehicles to the above address. Once processed, a confirmation will be mailed to the address you provide.

Lienholder Filing Code Number (one code): _____

Lien Institution Full Name	
Street Address	
City	State Zip
Contact Person/Title	Telephone Number (Area Code) ()
Contact email	

