



### Escrow Account Procedures

Your firm has recently indicated an interest in establishing an account for fingerprinting services with our company. Due to the large number of applicants that our firm processes on a monthly basis, we are not able to extend credit terms for fingerprinting services. However, for those facilities that desire a centralized means of managing the fees accompanied with the fingerprinting requirements, we offer the option of establishing an escrow account.

To establish an escrow account with our company, each firm must submit a completed account application along with a deposit check payable to “MorphoTrust USA” to the address below. If you are affiliated with Department of Health, you must include your Employer ID number on your application. This number can also be referred to as Permanent Facility Identifier or License Number. If you don’t know your Employer ID number, please contact Department of Health.

This check should include the following information:

- Name of facility
- Contact Person
- Phone Number (including area code)

The deposit check should be the amount necessary to cover one month’s fingerprinting services. When an employee is scheduled for an appointment, the proper fees are reserved to cover the cost of that applicant’s fingerprints. After the applicant has completed their fingerprinting appointment, the reserved fees are deducted from your account. A detailed list of those applicants fingerprinted on your account will be mailed at the beginning of each month.

It will be the responsibility of each facility to ensure that there is always a positive balance in your escrow account. Any additional checks deposited into the account must include the **account number** on the check. If all the available funds in your escrow account are used up, then you will not be able to schedule appointments until the account has a positive balance.

We appreciate your interest in our escrow account system. If your facility has any additional questions, please call 877-472-6915.

Please remit escrow account payments and the enclosed application to:

Enrollment Services Division  
Finance Department  
6840 Carothers Parkway, Suite 650  
Franklin, TN 37067  
Phone: (877) 512-6962  
Fax: (615) 871-0845



**Account Application**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Department of Health Employer ID (if applicable)

\_\_\_\_\_  
(May be called Permanent Facility Identifier or License Number)

Contact Person \_\_\_\_\_

Email Address:

\_\_\_\_\_  
(for monthly statement delivery)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Estimated Average Monthly Volume (# of applicants) \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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