



ENROLLMENT SERVICES DIVISION

Indiana Account Application

Firm Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Email Address: _____
(for monthly statement delivery)

Telephone: _____ Fax: _____

Average Monthly Volume Estimate (# of applicants): _____

Deposit Amount: _____

Authorized Signature

Date

Please remit escrow account payments and initial deposit to:

**L-1 Enrollment Services Division
Finance Department
15 Century Blvd., Suite 510
Nashville, TN 37214**

**Phone: (877) 512-6962
Fax: (615) 871-0845**



ENROLLMENT SERVICES DIVISION

Indiana Escrow Account Requirements

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, you must submit a deposit check payable to L-1 ESD at the address listed below. 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 and charged to 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 and that the account number is listed on each check. Failure to maintain a positive balance may result in applicants not being able to schedule appointments for fingerprinting until the account is returned to a positive balance. Because many facilities have very similar names, failure to include the account number on each check may result in your facility not receiving credit for the check amount.

We appreciate your interest in our escrow account system. If your facility has any additional questions, please call 877-472-6917.

Please remit draw account payments and initial deposit to:

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