



# ATLAS

## TITLE & CLOSING

5201 E Terrace Dr Ste 180 – Madison, WI 53718  
1200 John Q Hammons Dr Ste 103 – Madison, WI 53717  
Ph: 608-866-8000 / Fax: 608-866-9000

### OWNERS AUTHORIZATION OF DRAW

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**Owner:**

**Property Address/Legal:**

**Lender:**

**General Contractor:**

**Escrow Agent: Atlas Title & Closing, LLC**

**Title Commitment No.**

The Owner hereby authorizes and directs Lender to disburse \$ \_\_\_\_\_ to Escrow Agent for payment pursuant to the terms of the Construction Escrow Agreement.

The Owner hereby acknowledges that Escrow Agent has no liability for any alleged defects in the quality of workmanship or materials supplied or for any failure to complete the project in accordance with the plans and specifications.

**DRAW #**

**AMOUNT TO BE DISBURSED: \$**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Owner(s)**

\_\_\_\_\_

\_\_\_\_\_

(Note: Pursuant to the Construction Escrow Agreement, only one signature is required to authorize this draw.)