PLEASE DO NOT USE WHITEOUT ON THIS FORM.
INITIAL ALL CROSS OUTS. PLEASE RUSH!!!

Request for Verification of Deposit

Privacy Act Notice: This information is to be used by the agency collecting it or its assigness under its program. You do not have to provide this information, and you are doing so under your sole discretionprogram. It will not be disclosed outside the agency except as required and permitted by law.

Instructions: **Verifier** - Complete items 1 through 8 and have Account Holder complete item 9. Forward directly to depository named in item 1.
Depository - Please complete items 10 through 19 and return DIRECTLY to verifier named in item 2.
The form is to be transmitted directly to the verifier and is not to be transmitted through the account holder or any other party.

1. To: (Name & Address of Depository)	2. From: (Name & Address of Verifier)

I certify that this verification has been sent directly to the requester and has not passed through the hands of the applicant or any other interested party.

3. Signature of Verifier	4. Title	5. Date	6. Verifier's Number (Optional)

7. Information to be Verified

Type of Account	Account in the Name of	Account Number	Balance

To Depository: I/We have stated in my/our financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the requester identified above with the information requested in Items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Account Holder	9. Signature of Account Holder

To Be Completed by Depository

Part II - Verification of Depository

10. Deposit Accounts for Account Holder(s)

Type of Account	Account Number	Current Balance	Average Balance for Previous Two Months	Date Opened
		$	$	
		$	$	
		$	$	

11. Other accounts for Account Holder

Number	Date	Amount	Current Balance	(Other)		Refrerence	Other
		$	$	$	per		
		$	$	$	per		
		$	$	$	per		

12. Please include any additional information which may be of assistance.

13. If the name(s) on the account(s) differ from those in Item 7, please supply the name(s) on the account(s) as reflected by your records.

Part III - Authorized Signature of Depository:

14. Signature of Depository Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in item 14	18. Phone No. 19. Email Address:	