



REQUEST FOR VERIFICATION OF DEPOSIT

Prepared by: Agent _____ Phone _____
Broker _____ Email _____

Instructions: Broker/Lender to complete Sections I and II and sign at item 3. Have Applicant sign at item 4. Broker/Lender to forward to person named at item 1. Depository Institution to complete Section III, and sign and return to Broker/Lender named in item 2.

DATE: _____, 20_____, at _____, California.

SECTION I – REQUEST BY BROKER/LENDER:

Loan application number _____.

1. TO DEPOSITORY:

Name _____
Attn _____
Address _____

Phone _____ Cell _____
Email _____

2. FROM BROKER/LENDER:

Name _____
Attn _____
Address _____

Phone _____ Cell _____
Email _____

3. You are kindly requested to verify information given Broker/Lender by Applicant for the purpose of processing a loan application. Your cooperation will be appreciated.

Broker/Lender _____
By _____ Title _____
Signature _____
Phone _____ Fax _____ Email _____

SECTION II – AUTHORIZATION BY APPLICANT:

4. You are authorized to verify and supply Broker/Lender identified at item 2 above with the information requested for your verification in Section III below.

Loan Applicant(s)

Name _____ Signature _____
Name _____ Signature _____
Address _____

Phone _____ Fax _____ Email _____

5. Information from Applicant to be verified:

Type of Account	Account in the Name of	Account Number	Balance
			\$
			\$
			\$
			\$

SECTION III – VERIFICATION BY DEPOSITORY INSTITUTION:

Instructions: You are to complete the following items, then sign and return this form with any attachments to Broker/Lender identified at item 2 above.

6. Deposit accounts of Applicant(s):

Type of Account	Account Number	Current Balance	Average Balance for Previous 2 Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

6.1 If the name(s) on the account(s) differ from those listed at item 6 above, please supply the name(s) on the account(s) _____

7. Loans outstanding to Applicants (and loans paid in full):

Loan Number	Date of Loan	Original Amount	Account Number	Current Balance	Installments - Monthly/Qtrly	Secured by	No. of late payments
		\$		\$	\$ per		
		\$		\$	\$ per		
		\$		\$	\$ per		
		\$		\$	\$ per		

The above information is true and correct.

Date: _____, 20____

Depository's Name: _____

By: _____ title: _____

Signature: _____

Phone: _____ Cell: _____ Email: _____