

Bank or Credit Union Information

Dear Bank or Credit Union Representative:

Please complete this form and send or fax it back to me. Your customer has given you permission to give us this information. Please return this form by _____. Thank you.

Customer permission

I give my bank or credit union permission to share information about my household's checking or savings accounts, time certificates, certificates of deposit (CDs), safe deposit box or other accounts. I will not take legal action against them for sharing this information. This permission will stop one year after the date I signed below.

Signature	Date	Signature of spouse	Date
Street		City	State Zip code

Re: _____

Checking and savings accounts

For the time period of:	Name of Person		Name of Person		Name of Person	
	Checking	Savings	Checking	Savings	Checking	Savings
Account number						
Balance in account as of:						
Percent of interest earned						
Date interest paid						
Amount of interest earned per month						
Amount and source of each automatic deposit						
Total amount of other deposits made						

Time certificates, certificates of deposit or other interest bearing accounts

For the time period of:	Name of Person	Name of Person	Name of Person
Account or certificate number			
Face value			
Current value as of:			
Date purchased			
Percent of interest earned			
How often is interest paid			
Amount of interest earned per month			

Safe deposit box number _____

Bank or Credit Union Representative Information

Bank or Credit Union Representative Signature	Title	Phone Number	Date
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Questions??? Please contact: