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Verification of Deposit Mortgage Companies

For faster processing, please complete the form on your computer before printing.

This form is for mortgage companies requesting consumer deposit information for a mortgage customer. Please complete the form including the customer authorization signature and follow the procedures at www.wellsfargo.com/biz/vod. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

Month

Day

Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information, on the deposit accounts listed above, to the above mentioned Lender, it's Successors/Assignees or Agent for Quality Control Review and to the Mortgage Guaranty Insurer(if any): Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Two Average Statement Balances and Previous Two Months interest Paid. In addition, CDs and IRAs will include Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date