xactus

370 Reed Rd., Suite 100, Broomall, PA 19008
800-243-0120

DVˣ **Deposit VerificationX**

Client Name:	Report ID:	Ordered:	Price:
Address	Loan Number:	Completed:	Completed By:
City, State, Zip	Requested By:	Last Updated:	
Client Code:	Order ID:	Type:	

Borrower

Borrower Name:
SSN:
Address:

Financial Institution Name

Verification Response   ☐ Verified As Reported   ☐ Does Not Agree With Records

Name(s) on the Account: Account Number:

Account Type: Balance: Statement/Letter Date:

Remarks: _____

_____

Verification Response   ☐ Verified As Reported   ☐ Does Not Agree With Records

Name(s) on the Account: Account Number:

Account Type: Balance: Statement/Letter Date:

Remarks: _____

_____

Verification Response   ☐ Verified As Reported   ☐ Does Not Agree With Records

Name(s) on the Account: Account Number:

Account Type: Balance: Statement/Letter Date:

Remarks: _____

_____

Verification Response   ☐ Verified As Reported   ☐ Does Not Agree With Records

Name(s) on the Account: Account Number:

Account Type: Balance: Statement/Letter Date:

Remarks: _____

_____

Comments: _____

_____

Verified By: **Job Title:**   **Date Verified:**
Phone: **Verification Source:**

END OF REPORT