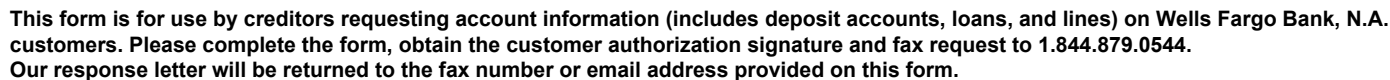


**For faster processing, please complete the form Online before printing.**



**TYPE or complete in BLACK INK. Use only CAPITAL LETTERS**

**Fax Request To Balance Confirmation Services.....1-844-879-0544**  
**Online Instructions.....www.wellsfargo.com/vod**

**SECTION 1: CREDITOR / VENDOR INFORMATION**[illegible]

## SECTION 2: WELLS FARGO CUSTOMER INFORMATION

Wells Fargo Business Account Name	
Wells Fargo Consumer Account Name	
<p>Please list the specific deposit account, loan or business line number for each account you would like processed.</p> <p><b>* If a ZBA (zero balance account) is provided, please also include the parent account number and name.</b></p>	<b>ACCOUNT NUMBER IS REQUIRED FOR PROCESSING*</b>

## SECTION 3: CUSTOMER AUTHORIZATION

I authorize and direct Wells Fargo, N.A to release any of the following information to the above named requester on the above listed deposit accounts, loans, lines and/or cards: Account Number, Account Type, Account Open Date or Customer since Date, Account Holders, Average or current Balance in general figure range, amount of credit extended, current amount outstanding in general figure range, account status of Open or Closed, Closed Date and Current Interest Rate. In addition CDs and IRAs may include Term, Maturity Date, Interest Payment, Interest Method and Penalty. For Commercial Accounts: I understand that a fee may be charged for this service as stated in the Wells Fargo Bank, N.A. schedule of fees or Treasury Management Pricing Disclosures applicable to the accounts above. By signing below, I attest that I am authorized to sign this request on behalf of the customer listed above.

JAMES MILL

Printed Name of Person Signing for Customer

**Signature of Person Signing for Customer**

Date \_\_\_\_\_