

WELLS
FARGO

This form is for housing assistance agencies/rental and leasing properties requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. 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

Fax Request To Balance Confirmation Services.....1-844-879-0412

Online Instructions.....www.wellsfargo.com/vod

SECTION 1: REQUESTER INFORMATION

[illegible]

Company Name

[illegible]

Attention

[illegible]

Street Address

[illegible]

City

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| | |
|--|--|

State

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|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Zip

[illegible]

Requester Email (optional)

-

-

Requester Phone Number

-

-

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

[illegible]

Customer One Full Name (First Middle Last)

[illegible]

Customer Two Full Name (First Middle Last)

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Customer One Social Security Number

Account Number(s)

[illegible][illegible][illegible][illegible][illegible]

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

HAMLEY BROWN

Printed Name of Account Holder

GLORIA BROWN

Printed Name of Account Holder

Signature of Account Holder

Date _____

Signature of Account Holder

Date _____