



## Request for Verification of Deposit / Credit

### SECTION I: Request Information

<b>Date Range:</b>	<b>Type of request</b> (circle one)	<b>Return Answer Method</b> (circle one)
Start     /     /	Verification of Deposit	Electronic   /   Fax   /   Hard Copy
End       /     /	Verification of Credit	

### SECTION II: Requester Information

Fill in all sections as they pertain to the individual/organization requesting information.

Prefix	First Name	M.I.	Last Name	Suffix
Business Name				
Street Address				
City	State/Province/Region	Zip/Postal Code	Country	
Phone Number	Fax Number	E-Mail Address		
Purpose				

### SECTION III: Customer Information

Fill in all sections as they pertain to the individual's information being requested.

Business Name			
<b>List up to 4 unique account numbers/types for verification</b>			
Account Number	Account Type	Account Number	Account Type
Account Number	Account Type	Account Number	Account Type
<b>Information Requested – VOD</b>  <input type="checkbox"/> Current Balance <input type="checkbox"/> Early Withdrawal Penalties <input type="checkbox"/> Average Daily Balance <input type="checkbox"/> Open Date <input type="checkbox"/> Account Type <input type="checkbox"/> Interest Rate		<b>Information Requested – VOC</b>  <input type="checkbox"/> Exact Balances <input type="checkbox"/> Collateral Description <input type="checkbox"/> Average Period Balance <input type="checkbox"/> Installment Details <input type="checkbox"/> Original Amount <input type="checkbox"/> Late Payment Count <input type="checkbox"/> Loan Type <input type="checkbox"/> Late Payment Dates <input type="checkbox"/> Open Date <input type="checkbox"/> Guarantor <input type="checkbox"/> Payoff Date <input type="checkbox"/> Loan Status	

Fax Completed Form: +1 (520) 917-6788



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### SECTION IV: Authorization

It is the policy of Vantage West Credit Union to deliver the completed request for Verification of Deposit/Credit directly to the Requester /Addressee ("Requester") named therein. Vantage West Credit Union expressly disclaims any responsibility whatsoever to validate any person purporting to be a Requester.

By signing below I authorize and direct Vantage West Credit Union to provide the "Requester" with my account information. I understand and agree that:

1. Vantage West CU will send all requested information contained in the Verification of Deposit/Credit to the Requester
2. The completed Verification may not be used for other than its intended purpose
3. Any copy of the Verification is prohibited for use by any persons/entities other than the Requester
4. If the Customer information contained in the request is incomplete/inaccurate Vantage West will NOT complete the request and will not return the original request form to the Requester
5. If the Customer information is not found a notice will be generated only to the requester and no fee, or further research will be assessed
6. This request form expires on the 90th calendar day after the form is created or signed

In consideration of Vantage West Credit Union's acting on my request I agree to release and hold the Credit Union harmless. I understand that I have the right to revoke this authorization at any time before the credit union has sent the completed Verification to the Requestor as outlined in the Processing selection in Section I of this document.

**I have read and understood this form's authorization section(s) pertaining to Verification of Deposit/Credit completed by Vantage West.**

I AGREE (initial)

**By signing this form I agree to all previous statements regarding authorization of information release.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_