



# Request for Verification of Deposit / Credit

## SECTION I: Request Information

*\*Additional Fees Apply*

<b>Date Range:</b> <small>*(charge for range &gt; 6 months or with start date prior to 12 months from date of request)</small>		<b>Type of request</b> <small>(circle one)</small>	<b>Return Answer Method</b> <small>(circle one)</small>
Start     /     /	Verification of Deposit (\$13.00)	Electronic / Fax / Hard Copy*	
End       /     /	Verification of Credit (\$13.00)		

The Customer is responsible for paying the full amount. Each Verification of Deposit request costs an initial \$13.00; each Verification of Credit requests costs an initial \$13.00. Any requests with a date range greater than 6 months, or contain a start date earlier than 12 months from date of request, may incur a \$20.00/hour research fee. Electronic and Fax return methods are free of charge; verifications requested to be returned "Hard Copy" will be sent via certified mail and will cost an additional \$3.00 per copy.

## 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.

Prefix	First Name	M.I.	Last Name	Suffix
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*List up to 4 unique account numbers/types for verification*

Account Number	Account Type	Account Number	Account Type
Account Number	Account Type	Account Number	Account Type
<b>Information Requested – VOD</b> <input type="checkbox"/> Exact Balances <input type="checkbox"/> Average Period Balance <input type="checkbox"/> Account Status <input type="checkbox"/> Account Type <input type="checkbox"/> Open Date <input type="checkbox"/> Interest Rate		<b>Information Requested – VOC</b> <input type="checkbox"/> Early Withdrawal Penalties <input type="checkbox"/> Date/Amount of Largest Withdrawal <input type="checkbox"/> Date/Amount of Largest Deposit <input type="checkbox"/> Count of Joint Account Holders <input type="checkbox"/> Collateral Description <input type="checkbox"/> Installment Details <input type="checkbox"/> Late Payment Count <input type="checkbox"/> Late Payment Dates <input type="checkbox"/> Co-signers	



# Request for Verification of Deposit / Credit

## SECTION IV: Payment

This share will be debited the full amount. By initialing the Customer agrees to have funds available at the time of debit (not to exceed 6 business days from date of verification submission) and is wholly responsible for any fees associated with the withdrawal. Please see "SECTION I: Request Information" for payment breakdown. An invoice will be delivered to the Customer on the day of debit; delivery method may be chosen below and will default to the mail address listed on the Customer's account.

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

I AGREE (initial)

Account Number to Debit	Share ID to Debit	Invoice Delivered Via: (circle one) Electronic / Hard Copy
E-Mail Address for electronic invoice		

## SECTION V: 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 further agree to pay the applicable fee for the Verification as set forth by this disclosure and any and all fees associated with this payment. 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 and payment.

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

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