

Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies 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 cor	nplete in	BLAC	K INK.	Use o	ıly CA	PITAL	LETT	ERS				
ax Requests To1-844-879-0412 Online Instructionswww.wellsfargo.com/biz/vod													
Balance Confirmation Services1-540-563-7323													
	S	ECTION	1: RE	QUEST	ER INF	ORMA	MOITA	Not			5-1		
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		SECTION	12: C	USTON	IER INF	ORMA	TION						
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Customer Two Full Name	(First Middle Las	t)	Account	t Number	s) (Regu	ired)							
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Month Day	Year			22,740	L COPIE	ATION				سود			
I/Mo authorize and disast M	CUSTOMER AUTHORIZATION 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 Sec	curity Num	ber is p	rovided,	all open	deposito	ory acco	unts: A	ccoun	t Numl	oer, Acc	ount Ty	pe,
Open or Closed, Account Ho Balances and Previous Six	older(s), Current Months Interest	/Closing B Paid. In a	alance, ddition,	Open/Clo CDs and	ose Date, IRAs wil	Curren include	t interes e: Term,	τ κατέ, Maturi	revio ty Date	us SIX , Inter	averag est Payı	e Stater nent, In	nent terest
Method and Penalty.													
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Signature of Account Holder		Date				Signature of Account Holder					Date		