



31633

# Verification of Deposit Consumer Account Ratings



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

This form is for companies requesting consumer deposit account rating information in order to establish a line of credit. Please complete the form in its entirety and fax it along with the customer authorization. Your completed request will be faxed to you.

Please note, we are unable to process incomplete forms. Original requests cannot be returned.

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

Online Instructions.....[www.wellsfargo.com/biz/vod](http://www.wellsfargo.com/biz/vod)  
Balance Confirmation Services.....540-563-7323

## SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Account Number(s) (Required)

**Attach Customer Authorization**

/  /

Month

Day

Year

## CUSTOMER INDEMNIFICATION

**PLEASE READ INSTRUCTIONS AND VERIFY THAT ALL FIELDS ARE COMPLETED**

By attaching a signed and dated signature page, I certify the accuracy and completeness of all information contained within this document and authorize Wells Fargo Bank, N.A. to give an account rating on all accounts listed to the requester of the information; further I agree to indemnify, defend, and hold harmless both Wells Fargo and the requester from and against any claim or loss suffered or incurred as a result of the release or use of information here requested. In addition, I acknowledge that failure to properly complete this form could result in an incomplete response and possibly delay response time of the lending facilities application.