



### Bank Account Verification Form

|   |                             |
|---|-----------------------------|
| <b>Section A: Must be completed by Borrower</b>   |                             |
| Borrower Name (Last, First, Middle Initial)   |                             |
| I authorize you to release the following information requested by Kahuna Payment Solutions, LLC concerning my checking/ savings account with your bank ___ yes ___ no |                             |
| Borrower Signature  | Date: _____ / _____ / _____ |

|  |  |  |                |
|--|--|--|----------------|
| <b>Section B: Must be completed by Bank Representative</b>         |  |  |                |
| Financial Institution Name (Bank, Credit Union, etc...)            |  |  |                |
| Bank Address   |  |  | State          |
|  |  |  | Zip Code       |
| Borrower's Routing Number (Must be 9 digit number)                 |  |  | Account Number |
|  |  |  |                |
|  |  |  |                |
| Type of account: Personal Checking ___ Personal Savings ___        |  |  |                |
| Has this account been open at least 6 months?<br>___ yes ___ no    |  | Does this account accept ACH debits? ___ yes ___ no<br>Is this account active and in good standing? ___ yes ___ no |                |
| Bank Representative Signature                                      |  | Bank Phone Number:<br>(____) _____ - _____ ext. _____  |                |
| Bank Representative Name (print)                                   |  | Date: _____ / _____ / _____  |                |
| <b>Please fax to Kahuna Payment Solutions, LLC: 1-309-828-3082</b> |  |  |                |

|  |  |
|--|--|
| <p style="text-align: center;"><b>Bank must stamp this section to verify the information on this page:</b></p> | <p><b>Kahuna Payment Solutions, LLC</b><br/>       807 Arcadia Drive, Suite C<br/>       Bloomington, IL 61701<br/>       1-800-260-7506</p> |
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