



50041



Verification of Deposit Mortgage Companies

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

This form is for mortgage companies requesting consumer deposit information for a mortgage customer. 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
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

I have attached a signed and dated customer authorization that permits Wells Fargo Bank, N.A. to release information to the requesting person. I understand that if the information I have provided herein is not accurate or complete, my credit application may be delayed or declined.