



52588

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 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

Fax Requests To.....336-796-8722
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)

Customer One Social Security Number

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 authorization that permits Wells Fargo Bank, N.A. to release information on the account(s) to the agency. I am aware that failure to properly complete this form could result in an incomplete response and delay in my application for public assistance to the agency. I understand that I have the right to revoke this authorization at any time, but that failure to cooperate may affect my eligibility.