

## Bank Confirmation Letter

Complete the top portion of this form and deliver to your Bank Representative

### Information to be Completed by Childcare Center

Name of your Bank: \_\_\_\_\_

Address of your Bank: \_\_\_\_\_

Name of your Company (if applicable): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Address of account holder: \_\_\_\_\_ Date: \_\_\_\_\_

Name of account holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of account holder: \_\_\_\_\_

Dear Sir or Madam:

We are entering into a relationship with Professional Solutions and need to provide them with the information requested below to complete our application. I hereby give permission to the above named financial institution to release the requested information to Professional Solutions. I also give you permission to release this information whenever Professional Solutions might make a request in the future to verify our account relationship status. Please return this information to:

**Kurt Hutsell, Profesional Solutions, 3581 Excel Drive, Medford, OR 97504 541-858-3399  
or FAX to: 541-858-7008**

### Information to be Completed by Bank Representative

Is the address, telephone number, and account number(s) identified above the same as in your records?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, our records indicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer since: \_\_\_\_\_ Date account(s) opened: \_\_\_\_\_

Combined average balance of all accounts past twelve months: \_\_\_\_\_

Number of checks returned in past twelve months: \_\_\_\_\_

Is the customer a borrower? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Bank Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Bank Representative: \_\_\_\_\_