13691

Quality Control of a Previous Verification

WELLS FARGO

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

This form is for companies or its assignees (auditors or quality control examiners) to confirm previously released consumer account information. Please complete the form in its entirety and fax it along with the original verification. Your completed request will 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 Original Verification

Month / Day / 20 Year

CUSTOMER INDEMNIFICATION

PLEASE READ INSTRUCTIONS AND VERIFY THAT ALL FIELDS ARE COMPLETED

Privacy laws prohibit us from disclosing details about the above-referenced account(s), other than verification of the account(s) ownership and account(s) balance at the time of the original verification of deposit.