

BANK ACCOUNT VERIFICATION FORM



Apply online at portal.crestfinancial.com | P: 855.282.7378 | F: 855.902.7378 | E: apps@crestfinancial.com

SECTION A: MUST BE COMPLETED BY **BORROWER**

FIRST NAME _____ LAST NAME _____

I authorize you to release the following information requested by Crest Financial concerning my bank account with your financial institution: YES NO

BORROWER SIGNATURE DATE

SECTION B: MUST BE COMPLETED BY YOUR **LOCAL BANK REPRESENTATIVE**

FINANCIAL INSTITUTION NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

BORROWER'S **COMPLETE ACCOUNT #** FOR ACH TRANSACTIONS _____

ROUTING # _____ DATE OPENED ____ / ____ / ____

DOES THIS ACCOUNT ACCEPT ACH DEBITS: YES NO

ACCOUNT TYPE (CHOOSE ONE): CHECKING SAVINGS PREPAID ACCOUNT

BANK REPRESENTATIVE SIGNATURE DATE

BANK REPRESENTATIVE NAME (PLEASE PRINT) DIRECT PHONE #

A STAMP MUST BE PLACED IN THIS SECTION FOR VERIFICATION.

If no stamp is available please provide a business card of your bank representative.

