

# Quality Control of a Previous Verification

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 to the number listed below. Your completed request will be faxed to you.

- All fields are required. Incomplete forms will not be processed.
- You must include original verification
- Fax Quality Control of a Previous Verification, no fax cover required.
- Allow 48 hours for processing of requests.

## SECTION 1: REQUESTOR'S INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER'S INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Attach Original Verification

Account Number(s) (Required)

Month

Day

Year

## INDEMNIFICATION

I have attached a signed and dated customer authorization that permits depository 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.

Depository will provide account information, including but not limited to: opening date, balance and average balance of account listed above.

Depository shall be held harmless from or against any claims or loss suffered or incurred as a result of the release or use of information herein requested.

**PLEASE READ INSTRUCTIONS AND VERIFY THAT ALL FIELDS ARE COMPLETED**