



**STATE OF WYOMING
COLLECTION AGENCY BOARD**

(307) 777-3497 Email: wycollectionagencyboard@wyo.gov

Mark Gordon
Governor

Bradley M. Chapman
Chairman

BANK REFERENCE FORM

I. APPLICANT SECTION

Copy this form as needed. Complete sections I and II of this form, then forward this form to the financial institution(s) where you currently hold accounts. **Each bank listed on the Bank Account Section of the Company Form (MU1) must provide a completed reference form to the State of Wyoming.**

A. Company Name (as it will appear on Wyoming License)	B. Company Address
C. Name of Parent Company (if applicable)	D. Telephone/ Fax Number
E. Name of CEO or Owner	F. Federal Tax ID/ Social Security Number

II. INFORMATION SPECIFIC TO BANK WHERE ACCOUNTS ARE HELD

A. Name of Financial Institution	B. Address of Financial Institution
C. Type of Accounts and Account Numbers	

I hereby authorize _____ to furnish the Wyoming Collection Agency Board the information requested below.

Date _____ Signature _____

III. FINANCIAL INSTITUTION SECTION

Record N/A in areas not applicable. The Wyoming Collection Agency Board accepts other forms of certification provided all applicable information requested on this form is contained in the Certification. A reply for such information at your earliest convenience would be greatly appreciated

A. Is the information in section II accurate? NO ___ YES ___ If no, please provide accurate information:	B. Have accounts been maintained in a satisfactory manner? NO ___ YES ___ If no, please provide an explanation:
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C. Date Account Opened: _____

- Average Balance: Low ___ Medium ___ High ___
- Has there been any NSF activity within the past 6 months? NO ___ YES ___ If yes, how many? _____
- Credit Experience: Borrower ___ Non-Borrower ___
If Borrower, have accounts been maintained as agreed? NO ___ Yes ___

Comments: _____

I certify that the information contained herein or attached is true and correct to the best of my knowledge.

Dated _____ day of _____ 20 _____

Name (Please Print): _____ Telephone #: _____

Signature _____ Email: _____

**Please return the completed form to: Wyoming Collection Agency Board
2300 Capitol Avenue, 2nd Floor
Cheyenne, WY 82002**