

DEPOSITORY INSTITUTION AUTHORIZATION FORM

Instructions: This form is to be completed by an authorized principal or officer of the applicant in order to authorize the addressed financial institution to provide information to this Bureau regarding the history of its account relationship(s) with the applicant. If the applicant is a start-up company, or has accounts that have been open less than one year, this form should authorize the addressed institution to provide account relationship information for the principals, members, partners or trustees of the applicant, with one form to be completed per individual. If the applicant is a sole proprietorship, this form should authorize disclosure of all account relationship information of the proprietor.

TO: _____ (Name of Bank) _____ (Street Address) _____ (City, State, Zip)	FROM: _____ (Full Name of Company or Individual) _____ (Street Address) _____ (City, State, Zip) _____ (Phone Number)
ATTN: _____ (Contact Person and Title - Optional) _____ (Phone Number, If Applicable)	

I, _____, authorize _____ to release
(Name of Account Holder or Authorized Signer) *(Name of Bank)*
 any and all information regarding all of the active and closed depository or loan accounts of
 _____ to the Virginia Bureau of Financial Institutions, including,
(Name of Company or Individual)
 but not limited to, the opening date of the account(s), the name(s) in which the account(s) is(are) titled,
 the current and average balance(s), whether there are any liens or encumbrances on deposited funds,
 any overdraft history, and loan payment history.

Date

Signature

Title