



TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

STANDARD FORM TO CONFIRM ACCOUNT BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS

* * * * *

CUSTOMER NAME

Financial Institution's Name and Address:

* * * * *

We have provided the Office of Consumer Credit Commissioner with the following information regarding our deposit and loan balances. Please confirm the accuracy of the information, noting any exceptions to the information provided. If the balances have been left blank, please complete this form by furnishing the balance in the appropriate space below. Although we do not request nor expect you to conduct a comprehensive, detailed search of your records, if during the process of completing this confirmation, additional information about other deposit and loan accounts we may have with you comes to your attention, please include such information below.

1. At the close of business on _____, our records indicated the following deposit balance(s):

Table with 4 columns: ACCOUNT NAME, ACCOUNT NO., INTEREST RATE, BALANCE

2. We were directly liable to the financial institution for loans at the close of business on _____ as follows:

Table with 6 columns: ACCOUNT NO./ DESCRIPTION, BALANCE, DATE DUE, INTEREST RATE, DATE THROUGH WHICH INTEREST IS PAID, DESCRIPTION OF COLLATERAL

(Customer's Authorized Signature)

(Date)

The information presented above by the customer is in agreement with our records. Although we have not conducted a comprehensive, detailed search of our records, no other deposit or loan accounts have come to our attention except as noted below.

(Financial Institution's Authorized Signature)

(Date)

(Title)

Application Reference # in ALECS (or NMLS ID for Property Tax Lenders): _____

Comments: