

**STANDARD FORM TO CONFIRM ACCOUNT
BALANCE INFORMATION WITH FINANCIAL INSTITUTIONS**

ORIGINAL

To be mailed to Office of
Consumer Credit Commissioner

* _____ *

* _____ *

CUSTOMER NAME

Financial Institution's Name and Address:

* _____ *

* _____ *

* _____ *

* _____ *

* _____ *

* _____ *

We have provided to the Office of Consumer Credit Commissioner the following information as of the close of business on _____, 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):

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:

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)

COMMENTS

Application Reference # in ALECS: _____

Please return this form directly to: **Office of Consumer Credit Commissioner**
2601 N. Lamar
Austin TX 78705-4207