

12. Signature of Depository Representative

## **Request for Verification of Account**

Instructions: **For faster processing, please complete this form on your computer before printing and obtaining applicant's signature.**Requesting party: Complete items 2 through 7. Have applicant(s) complete item 8. Fax directly to depository named in item 1.

Depository: Please complete items 9 through 15 and return DIRECTLY to requesting party named in item 2.

	•	lete item	s 9 through 1	b and return DIRECT	LY to req	uesting p	party named i	n item 2.	
Part I - R	Request								
1. To First Interstate Bank Fax: 406-237-2931					2. From (Name and address of requesting party)				
-	t this verificat		een sent dire	ctly to the bank or de	epository	and has	not passed t	hrough the hands	of the applicant or
3. Signature of Requestor					4. Title			5. Return Fax Number	
6. Informati	ion to be Veri	fied							
Type of Account			Account in Name of			t Numbe	er	Balance	
7. Name and Address of Applicant(s)					8. Signature of Applicant(s)				Date
			epository epository						
9. Average	Balance								
Type of Account		Account Number		Current Balance/Int	Current Balance/Interest Rate		e Balance		Date Opened
10. Loans (	Outstanding to	o Applica	nt(s)						
	Date of Loan			Current Balance		Installm	ents (Mthly/Qtrly)	Secured By	No. of Late Payment
						\$	Per		
						\$	Per		
						\$	Per		
11. Certifica	tes of Deposit	1							
Account No.	Date Opened	Opening	Balance	Current Balance		Interest	Rate	Maturity Date	Withdrawal Penalty
	Authorize								
				aud, intentional misre A Secretary, the U.S.D.					

13. Title (Please print or type)

Verifications

14. Phone Number

406-237-2921

15. Date