



### Bank Account Verification Form

<b>Section A: Must be completed by Borrower</b>	
Borrower Name (Last, First, Middle Initial)	
I authorize you to release the following information requested by Kahuna Payment Solutions, LLC concerning my checking/ savings account with your bank ___ yes ___ no	
Borrower Signature	Date: _____ / _____ / _____

<b>Section B: Must be completed by Bank Representative</b>	
Financial Institution Name (Bank, Credit Union, etc...)	
Bank Address	State
	Zip Code
Borrower's Routing Number (Must be 9 digit number)	Account Number
Type of account: Personal Checking ___ Personal Savings ___	
Has this account been open at least 6 months? ___ yes ___ no	Does this account accept ACH debits? ___ yes ___ no Is this account active and in good standing? ___ yes ___ no
Bank Representative Signature	Bank Phone Number: (____) _____ - _____ ext. _____
Bank Representative Name (print)	Date: _____ / _____ / _____
<b>Please fax to Kahuna Payment Solutions, LLC: 1-309-828-3082</b>	

<p style="text-align: center;"><b>Bank must stamp this section to verify the information on this page:</b></p>	<p><b>Kahuna Payment Solutions, LLC</b>          807 Arcadia Drive, Suite C          Bloomington, IL 61701          1-800-260-7506</p>
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