



### 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	
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>
--	--