

# VERIFICATION OF DEPOSIT

**Applicant:**

**Lender:** DAVIS TRUST COMPANY  
 227 DAVIS AVENUE  
 PO BOX 1429  
 ELKINS, WV 26241-1429  
 (304) 636-0991

**NOTICE TO DEPOSITOR:** This form is to be transmitted directly to Lender and is not to be transmitted through the applicant(s) or any other party.

**Part I - Request for Verification of Deposit (To Be Completed by Lender)**

1. To (Name and address of depository)	2. From (Name and address of lender) <b>DAVIS TRUST COMPANY</b> <b>227 DAVIS AVENUE</b> <b>PO BOX 1429</b> <b>ELKINS, WV 26241-1429</b>
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I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information To Be Verified			
Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$

**To Depository:** I have applied for a loan with DAVIS TRUST COMPANY and have stated in my financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)
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**Part II - Verification of Depository (To Be Completed by Depository)**

10. Deposit Accounts of Applicant(s)				
Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	

11. Loans Outstanding To Applicant(s)							
Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)		Secured By	Number of Late Payments
		\$	\$	\$	per		
		\$	\$	\$	per		
		\$	\$	\$	per		

12. Please include any additional information which may be of assistance in determination of credit worthiness. (Please include information on loans paid-in-full in item 11 above.)

13. If the name(s) on the account(s) differ from those listed in item 7, please supply the name(s) on the account(s) as reflected by your records.

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transferred through the applicant or any other party.

14. Signature of Depository Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in item 14	18. Phone No.	