csgforte

Partner Bank Account Verification Form

Section A. Must be executed by authorized representative of Partner account	
Partner Name:	
Address:	
City, State, Zip: City State Zip Code	
Bank Account Information	
Routing Number (Must be 9 numbers):	Account Number:
I authorize you to release the following information by Forte, concerning my bank account with your bank ☐ Yes ☐ No	
Partner Signature:	Date:
Name:	Title:

Section B. Must be completed by bank representative	
ACH Routing Number (if different):	
	Does this account accept ACH credits and debits? ☐ Yes ☐ No
Type of Account: ☐ Personal Checking ☐ Business Checking ☐ Savings	Is the account ☐ Open ☐ Closed
Bank Representative's Signature	Phone Number (_____) _____- _____ ext _____
Bank Representative's Name (Print)	Date:
Does the account information in Section A match your records? ☐ Yes ☐ No	
Please fax form to (469) 675-8740 Attn: Account verification or email to Accountchanges@forte.net	

A **bank or teller stamp** must be placed in this section to verify the information on this page.

****Partner will complete and sign section A of the verification form.**
Partner's bank will complete and sign section B of the form verifying the information in section A matches their bank records.

If you have any questions, please contact Customer Service at 1-866-290-5400