

AGREEMENT TO ALLOW THE RESEARCH OF BANKING INFORMATION

Financial Institution's Name _____

Length of relationship between financial institution and End User – in years _____

Type of accounts held – check all that apply Checking Savings Other

END USER'S NAME & ADDRESS ON RECORD WITH FINANCIAL INSTITUTION

Name _____

Address _____ City _____ State _____ Zip _____

Contact person's name at financial institution Contact's phone number _____

ACKNOWLEDGEMENT

In order to complete the required certification process for purposes of tenant screening, I authorize the Rental Housing Association of Washington to verify that the information stated above is both true and correct.

Signed by _____ Date _____

_____ Title

RHA AGENT

Additional Comments

Approved by _____ Date _____