



Rentals, Property Management and Development

PO Box 779, River Falls, WI 54022

Phone: 612-868-7083, Greg@GoodActions.com

RELEASE OF FINANCIAL INFORMATION

Complete this form clearly and legibly

To: _____

(Bank/Financial Institution Name print)

From: _____

(Tenant's Name print)

Account types: _____, _____

Account Numbers: _____, _____

Financial Institution phone number: (____) ____ - _____

Financial Institution fax number: (____) ____ - _____

Date: _____

Attn.: To Whom It May Concern

The person whose name appears above and whose signature appears below has applied for rental property with Good Actions, LLC and hereby authorizes the release of financial information to Good Actions, LLC. Specifically, please address your answers to the following:

1. Please confirm the existence of the account(s) and account numbers listed above.
2. How long has the applicant been a customer of the bank?
3. Is the applicant a customer in good standing with the bank?
4. When did the applicant open the account(s) listed above?
5. Does the applicant have direct deposit to the account(s)? Which account(s)?

6. What is the average amount deposited into the account(s) over the last 12 months?
7. What is the balance in the account at the time of this inquiry? Average balance over the last 12 months?
8. Does the applicant have overdraft protection on the account(s)?
9. Is there any history of Insufficient Funds or Overdrafts in the account(s)? Describe.

Does the applicant have any loans with the bank and for what purpose were the loans made?

If any, what is/are the outstanding balance(s) of the loan(s)?

Please encrypt or scan then email your response to Gregory Erickson at Good Actions, LLC, at email: awgon-er@yahoo.com

Thank you.

Tenant's Signature

Tenant's Name (print)

Confidentiality Notice

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