

REQUEST FOR RECORDS FROM FINANCIAL INSTITUTION

I authorize the financial institution named below to furnish the IOWA DEPARTMENT OF HUMAN SERVICES any confidential information requested. I forever release and discharge the financial institution from any liability for divulging such information, notwithstanding the fact this authorization expires 90 days after the date of my signature.

Signature		Signature of Spouse		Date	
Name of Financial Institution	Address	City	State	Zip Code	
RE:					

As of _____, did any of the listed individuals have checking, savings, time or certificates of deposits, Keogh, IRA, Trust, Christmas or vacation club accounts? Yes No If no, sign below and return.

	Name of Person(s)	Name of Person(s)	Name of Person(s)	Name of Person(s)	Name of Person(s)
Type of Account - Please Check or Write in Type of Account (i.e., C.D., Time Cert., Etc.)	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> _____	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> _____	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> _____	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> _____	<input type="checkbox"/> <i>Checking</i> <input type="checkbox"/> <i>Savings</i> <input type="checkbox"/> _____
Account Number					
Opening Balance as of _____					
Opening Balance as of _____					
Opening Balance as of _____					
Amount & Date of Each Deposit Made During _____					
Amount & Date of Each Deposit Made During _____					
Amount & Date of Each Deposit Made During _____					
Interest Paid In _____					
Interest Paid In _____					
Interest Paid In _____					

LOANS: (Type of Loan: Car, home, etc.) _____

Name of Borrower(s): _____ Balance as of _____ \$ _____

Representative Signature	Title	Phone Number ()	Date
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