



**Department of Audit  
Division of Banking  
Collection Agency Board**  
Herschler Building, 3rd Floor East  
Cheyenne, WY 82002  
(307) 777-7797 or (307) 777-3497 Fax (307) 777-3555  
WEB SITE <http://audit.state.wy.us>

### BANK REFERENCE FORM

I. APPLICANT SECTION	
Copy this form as needed. Complete sections I and II of this form, then forward this form to the financial institution(s) where you currently hold accounts. <b>Each bank listed on the Bank Account Information Form must provide a completed reference form to the State of Wyoming.</b>	
<b>A.</b> Company Name ( as it will appear on Wyoming License)	<b>B.</b> Company Address
<b>C.</b> Name of Parent Company (if applicable)	<b>D.</b> Telephone/ Fax Number
<b>E.</b> Name of CEO or Owner	<b>F.</b> Federal Tax ID/ Social Security Number
II. INFORMATION SPECIFIC TO BANK WHERE ACCOUNTS ARE HELD	
<b>A.</b> Name of Financial Institution	<b>B.</b> Individual to Contacts and Title
<b>C.</b> Address of Financial Institution	<b>D.</b> Telephone/fax Number
<b>E.</b> Type of Accounts and Account Numbers	
I hereby authorize _____ to furnish the Wyoming, Collection Agency Board the information requested below.  Date _____ Signature _____	
III. FINANCIAL INSTITUTION	
Record N/A in areas not applicable. The Wyoming Collection Agency Board accepts other forms of certification provided all applicable information requested on this form is contained in the Certification. A reply for such information at your earliest convenience would be greatly appreciated	
<b>A.</b> Is the information in section II accurate?  NO ___ YES ___ If no, please provide accurate information:	<b>B.</b> Has Account been maintained in a satisfactory manner?  NO ___ YES ___ If no, Please provide an Explanation:
<b>C.</b> Date Account Opened: _____  1. Average Balance: Low ___ Medium ___ High ___ 2. Has there been any NSF activity within the past 6 months? NO ___ YES ___ If yes, how many? _____ 3. Credit Experience: Borrower ___ Non-Borrower ___ If Borrower, have accounts been maintained as agreed? NO ___ Yes ___  Comments: _____	
I certify that the information contained herein or attached is true and correct to the best of my knowledge.  <div style="text-align: right;">Date _____ day of _____ 20____</div> Name(Please Print) _____  Signature _____	

**Please return the completed form to: Wyoming Collection Agency Board  
112 West 25<sup>th</sup> Street  
Cheyenne, WY 82002**