



STATE OF WYOMING
DEPARTMENT OF AUDIT

DIVISION OF BANKING
Collection Agency Board

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Matthew H. Mead
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

BANK ACCOUNT INFORMATION

Collection Agency Name (agency):

TRUST ACCOUNT INFORMATION

Trust Account Number
Name of Bank
Address of Bank

OPERATING ACCOUNT INFORMATION

Operating Account Number
Name of Bank
Address of Bank

The agency hereby authorizes the above-named financial institutions to release information concerning the accounts of the agency to the Wyoming Collection Agency Board at any time.

I hereby swear and affirm under penalty of perjury that the information provided above and the following information is true and correct:

- 1. The trust account listed above is used for the benefit of the agency's clients located in the State of Wyoming. The account may also be used for the benefit of the agency's other clients.
2. The funds maintained in the trust account contain, at all time, sufficient funds to pay all sums due and owing to all of the agency's clients.
3. The funds maintained in the trust account are used only for purposes of paying the agency's clients and the account is not used as an operating account.

Authorized Signatory for Collection Agency Date

Typed (or Printed) Name and Title of Signatory