



## Bank Account Verification Form

<b>Section A. Must be completed by applicant</b>		
Name (Last, First, Middle Initial)		Ref #:
I authorize you to release the following information requested by Progressive, concerning my bank account with your bank <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature		Date:
<b>Section B. Must be completed by bank representative</b>		
Financial Institution Name (if credit union please include the member number)		
Bank Address		State      Zip
<b>Routing Number (9 digits)</b>		<b>Account Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Has this account been open three months? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this account accept ACH debits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Account Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Does the applicant have direct deposit into this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank Representative Signature		Phone Number (____) ____-____ ext. ____
Bank Representative Name (Print)		Date:
<b>Please fax form to Progressive: 1-877-966-2888</b>		
A stamp must be placed in this section to verify the information on this page.		



Toll Free: 877.898.1970 Fax: 877.966.2888

Email: App@progfinance.com

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