

RUST – EWING INSURANCE

7900 Lowry Expressway - Texas City, Texas 77591
(OFFICE) (800) 561-5211 or (409) 934-8000 - FAX: (409) 935-1883
(WEBSITE) www.rustewing.com

DEPOSITOR COMPLETED PORTION

Bank Name and Address:

Customer Name and Address of Business Accounts:

Attention: _____

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO RUST-EWING INSURANCE.

X _____
Signature Date

BANK COMPLETED PORTION

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.

DEPOSITORY ACCOUNTS:

Account No:	Type:	6 Month Avg. Balance	Current Balance	Any Returned Checks?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT ACCOUNTS:

- 1) Customer has been with our bank since _____
- 2) We have granted credit to them since _____
- 3) Current line of credit extended \$ _____
- 4) Is credit line secured? _____ If so, by what? _____
- 5) Current credit line balance \$ _____ Credit line renewal date _____
- 6) Has the credit line been handled as agreed? _____
- 7) Current balance of any other loans extended \$ _____ Monthly payments \$ _____
- 8) Are these loans secured? _____ If so, by what? _____
- 9) Have these loans been handled as agreed? _____
- 10) Your experience and opinion of applicant's financial responsibility and reputation: _____

BANK OFFICER:

Name: _____ Date: _____
Signature: _____ Phone: _____