Commercial / Consumer Credit and/or Deposit Account Inquiry

For faster processing, please complete the form Online before printing.

WELLS FARGO

This form is for use by companies requesting account (includes deposit accounts, loans, lines, and cards) information on Wells Fargo Bank, N.A. customers. Please complete the form, obtain the customer authorization signature and fax request to 1.844.879.0544. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Request To:.....1-844-879-0544
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name: Crystal Valley

Attention: Ann Stephenson

Street Address: 1911 Excel Drive

Street Address:

City: Mankato

State: MN

Zip: 56001

Requester Phone Number: 507-726-6455

Return Fax Number: 507-726-6901

SECTION 2: CUSTOMER INFORMATION

Wells Fargo Customer Name

Deposit Account Nos., Loan Nos. and/or Line(s) and Cards Nos. (Required)

SECTION 3: CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank, N.A. to release any of the following information to the above named requester on the above listed deposit accounts, loans and/or lines and cards: Account Number, Account Type, Account Open Date or Customer since Date, Account Holders, Average or current Balance in general figure range, amount of credit extended, current amount outstanding in general figure range, account status of Open or Closed, Closed Date and Current Interest Rate. In addition CDs and IRAs may include Term, Maturity Date, Interest Payment, Interest Method and Penalty. For Commercial Accounts: I understand that a fee may be charged for this service as stated in the Wells Fargo Bank, N.A. schedule of fees or Treasury Management Pricing Disclosures applicable to the accounts above.

Printed Name of Authorized Signer for Customer | **Signature of Authorized Signer for Customer** | **Date**