



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING

1830 E. COLLEGE PARKWAY, SUITE 100
CARSON CITY, NV 89706

Phone: (775) 687-5522
Fax: (775) 687-5523
<http://www.fid.state.nv.us>

Documents Received On

TRUST ACCOUNT AUTHORIZATION AND CONSENT

Applicants that hold consumers' funds for distribution to creditors or Applicants that arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers must identify and provide irrevocable consent to review all trust accounts. Attach additional sheets, with signatures, if needed.

Legal name of Debt-Management Applicant

Legal name of Designee (if applicable)

Name (Bank)

Account Number (s)

Street Address (Bank)

City (Bank)

State (Bank)

Zip Code (Bank)

Phone Number (Bank)

Person(s) with access to this account

Position (Officer, Director, Employee, Agent)

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Commissioner of Financial Institution Division or Designee. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time.

Statements made herein are made under oath. False statements may be punishable as second degree perjury.

Signature of Applicant

Title

Date

Signature of Applicant Designee (if applicable)

Title

Date

Corporations should affix corporate Seal and the signatures of the President or other authorized official of the corporation. Partners must sign individually or in accordance with the Partnership Agreement.