

This form gives permission to Amboy Direct to verify funding account information with your external bank. Your permission to request this verification provides security and is necessary in order to determine eligibility to change your linked account. Please complete Part A and mail to Amboy Direct with a voided check if you are selecting a checking account, or a copy of a recent statement if you are selecting a savings account.

**Mail to: Amboy Direct
3590 US Highway 9
Old Bridge, NJ 08857**

Part A : Completed by Client

I/we authorize you to release any information concerning my/our checking or savings account to Amboy Direct in connection with the processing of my/our request to establish a link with Amboy Direct. A copy of this release is also an acceptable authorization.

Bank Name

Address

Telephone Number

External Account Number

Routing & Transit (ABA) Number

Account Title

Amboy Direct Account Number

Primary Applicant (print)

Signature

Date

Joint Applicant (print)

Signature

Date

Customer: please leave the bottom blank. Amboy Direct will forward to your bank for completion.

Part B: Completed by External Bank only

I hereby verify that the above information concerning our mutual customer is true and accurate.

Bank Officer Name

Title

Date

Bank Officer Signature