



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 voided check.

**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 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.

AUTHORIZATION TO RELEASE INFORMATION FOR ACCOUNT NUMBER _____

Bank Name

Address

Telephone Number

Account Title

_____ Primary Applicant (print)	_____ Signature	_____ Date
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_____ Joint Applicant (print)	_____ Signature	_____ Date
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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
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Bank Officer Signature