

Mail to:
My Savings Direct
Attn: Account Fulfillment
13 Croton Avenue
Ossining, NY 10562



To My Savings Direct Customer:

The purpose of this form is to allow My Savings Direct to verify funding account information with your external bank. Your permission to request this verification is necessary in order to determine eligibility to link an additional funding account. Please remember to include your voided check with this form.

Customer complete the following:

I/we authorize you to release any information concerning my/our checking account to My Savings Direct in connection with the processing of my/our request to establish a link with My Savings 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

Joint Applicant (print)

Signature

Date

Customer please leave blank. My Savings Direct will forward to your bank for completion.

To be 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