



**Department of Audit  
Collection Agency Board**  
Herschler Building, 3rd Floor  
East 122 W 25<sup>th</sup> St  
Cheyenne, WY 82002  
(307) 777-3497 Fax (307) 777-3555  
WEB SITE wyomingbankingdivision.wyo.gov

**BANK REFERENCE FORM**

**I. APPLICANT SECTION**

Copy this form as needed. Complete sections I and II of this form, then forward this form to the financial institution(s) where you currently hold accounts. **Each bank listed on the Bank Account Information Form must provide a completed reference form to the State of Wyoming.**

<b>A.</b> Company Name ( as it will appear on Wyoming License)	<b>B.</b> Company Address
<b>C.</b> Name of Parent Company (if applicable)	<b>D.</b> Telephone/ Fax Number
<b>E.</b> Name of CEO or Owner	<b>F.</b> Federal Tax ID/ Social Security Number

**II. INFORMATION SPECIFIC TO BANK WHERE ACCOUNTS ARE HELD**

<b>A.</b> Name of Financial Institution	<b>B.</b> Individual to Contacts and Title
<b>C.</b> Address of Financial Institution	<b>D.</b> Telephone/fax Number
<b>E.</b> Type of Accounts and Account Numbers	

I hereby authorize \_\_\_\_\_ to furnish the Wyoming, Collection Agency Board the information requested below.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**III. FINANCIAL INSTITUTION**

Record N/A in areas not applicable. The Wyoming Collection Agency Board accepts other forms of certification provided all applicable information requested on this form is contained in the Certification. A reply for such information at your earliest convenience would be greatly appreciated

<b>A.</b> Is the information in section II accurate? NO ___ YES ___ If no, please provide accurate information:	<b>B.</b> Has Account been maintained in a satisfactory manner? NO ___ YES ___ If no, Please provide an Explanation:
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**C.** Date Account Opened: \_\_\_\_\_

- Average Balance: Low \_\_\_ Medium \_\_\_ High \_\_\_
- Has there been any NSF activity within the past 6 months? NO \_\_\_ YES \_\_\_ If yes, how many? \_\_\_\_\_
- Credit Experience: Borrower \_\_\_ Non-Borrower \_\_\_  
If Borrower, have accounts been maintained as agreed? NO \_\_\_ Yes \_\_\_

Comments: \_\_\_\_\_

I certify that the information contained herein or attached is true and correct to the best of my knowledge.

Date \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name(Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

**Please return the completed form to:**  
**Wyoming Collection Agency Board**  
**Herschler Bldg 3<sup>rd</sup> Fl East**  
**112 West 25<sup>th</sup> Street**  
**Cheyenne, WY 82002**