GLOBAL FUNDING, INC.

1353 Riverstone Pkwy, Ste. 120-250, Canton, GA 30114
Phone: (770) 213-4467 • Fax: (770) 783-5861
Email: GSloan@GlobalFundingInc.com

	BANK V	VERIFI	CATIO	ON FORM	
Name of Bank:			Date:		
Address:		l			
City/State/Zip			Phone:		
AUTHORIZATI	ON:	-			
dollar amount(s) a	nd other requested be faxed, (770) 783	informatio	n regard	I Funding, Inc., or its ling the account refe ogsloan@globalfund	erenced below. The
Orginatare or ripping					
BUSINESS INF	ORMATION:				
Depositor: (Compa	ny name listed on a	ccount.)			
Address of Deposit	or:				
City/State/Zip					
Account Numbers:					
*** B	ELOW TO BE	FILLE	D OU1	T BY BANK OI	VLY ***
Account Number	Account Type	Date Opened		Current Balance	Average Balance
				\$	\$
				\$	\$
				\$	\$
Overall Rating of A	ccount:				
Number of Overdra	afts/Insufficient Fund	ls:			
Information Provided By: (Signature)			Date:		
Print Name and Title:			Your Phone and Extension:		
	PLEASE COMPLETE	FORM	AND FA	X TO 770-783-5861	
				undingInc.com.	_
	THANK YOU FOR			ND ATTENTION.	=