

DEPOSIT OPERATIONS CUSTOMER RESEARCH REQUEST

CUSTOMER(S) NAME(S): _____

CUSTOMER(S) PHONE NUMBER: _____

REQUESTED ACCOUNTS: _____

TYPE OF RESEARCH NEEDED (i.e. statements/check copies etc. also include for which dates):

FEE'S: \$30/hour or \$5 per statement (whichever is less)

PICK UP AT BRANCH # or MAIL: _____

Please Note:

Requests are processed in the order they are received. Depending on the amount of research it may require several days to process. A Sunset Bank representative will call the phone number notated above when the research is completed.

CUSTOMER SIGNATURE: _____ DATE: _____

Due to the sensitive information on this form, please submit your completed form via fax to 262-970-9090, or drop off at one of our branches, or call for instructions on secure upload.

For office use only:

ACCEPTED BY: _____ DATE: _____

COMPLETED BY: _____ DATE: _____