

**PERRYOPOLIS AUTO AUCTION  
BANK AUTHORIZATION FORM**

The undersigned, \_\_\_\_\_ hereby authorizes you and your assigns, or any other agency employed by either of you, to disclose to this interested party your experience with the undersigned bank accounts.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Bank Name \_\_\_\_\_

Account No \_\_\_\_\_

Opening Date \_\_\_\_\_

Average Balance \_\_\_\_\_

NSF \_\_\_\_\_

Rating \_\_\_\_\_

Representative's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_