

**RUST – EWING INSURANCE**

7900 Lowry Expressway - Texas City, Texas 77591  
(OFFICE) (800) 561-5211 or (409) 934-8000 - FAX: (409) 935-1883

**DEPOSITOR COMPLETED PORTION**

**Bank Name and Address:**

**Customer Name and Address of Business Accounts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_

**THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO RUST-EWING INSURANCE.**

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

**BANK COMPLETED PORTION**

**THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY LAW. WE WILL NOT HOLD YOU OR ANY STAFF MEMBER RESPONSIBLE FOR THE ACCURACY OF THIS REPORT.**

**DEPOSITORY ACCOUNTS:**

Account No:	Type:	6 Month Avg. Balance	Current Balance	Any Returned Checks?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CREDIT ACCOUNTS:**

- Customer has been with our bank since \_\_\_\_\_
- We have granted credit to them since \_\_\_\_\_
- Current line of credit extended \$ \_\_\_\_\_
- Is credit line secured? \_\_\_\_\_ If so, by what? \_\_\_\_\_
- Current credit line balance \$ \_\_\_\_\_ Credit line renewal date \_\_\_\_\_
- Has the credit line been handled as agreed? \_\_\_\_\_
- Current balance of any other loans extended \$ \_\_\_\_\_ Monthly payments \$ \_\_\_\_\_
- Are these loans secured? \_\_\_\_\_ If so, by what? \_\_\_\_\_
- Have these loans been handled as agreed? \_\_\_\_\_
- Your experience and opinion of applicant's financial responsibility and reputation: \_\_\_\_\_

**BANK OFFICER:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_