

Verification of Deposit



Complete all informational fields below. The completed form must be mailed and the \$25.00 fee enclosed **before** the request will be processed. Requests are completed within 3-5 business days of receipt.

Requests must be mailed to:

Fulfillment Operations
First Horizon Bank
3451 Prescott
Memphis, TN 38118

Make check payable to First Horizon Bank

Customer Information (please print):

Name on Account:					
Social Security Number:					
Account Type (circle applicable account type)					Account Number
Checking	Interest Checking	Savings	CD	IRA	
Other: _____					
Checking	Interest Checking	Savings	CD	IRA	
Other: _____					
Checking	Interest Checking	Savings	CD	IRA	
Other: _____					

I authorize First Horizon Bank to release to the Requestor below information about the account(s) specified above. The account information may include the current balance, deposits and open date.

Signature of account holder: _____ **Date:** _____

Requestor Information (please print):

Requestor Name:	
Company Name:	
Phone Number:	
Fax Number:	
Email Address:	