



700 S. W. Jackson
Suite 300
Topeka, KS 66603-3796

Office of the
State Bank Commissioner

Phone: (785) 296-2266
Fax: (785) 296-4438
www.osbckansas.org

Trust Account Authorization and Consent

The person(s) signing below consent(s) to the jurisdiction of the state of Kansas and the Office of the State Bank Commissioner of Kansas (OSBC) for the purpose of any investigation or proceedings under the Kansas Credit Services Organization Act K.S.A. Supp. 50-1116 et seq., and amendments thereto.

Initial: _____

Any Credit Services Organization Applicant/Registrant must have a current Trust Account Authorization and Consent form on file with the OSBC at all times. Further, the person(s) signing below agree(s) that the referenced Trust Account shall not be closed or terminated by the registrant without 10 days prior notice to the Bank Commissioner and/or Designee.

Initial: _____

The required account information shall be kept confidential pursuant to the laws governing disclosure of public records, including the Kansas Open Records Act, K.S.A. 45-215 et seq., and amendments thereto. Furthermore, the person(s) signing below hereby give(s) irrevocable consent authorizing the named bank to release information, at any time, concerning the listed accounts to the Bank Commissioner and/or Designee.

Initial: _____

Liability for any lost profits, indirect damages, special, punitive or consequential damages that arise out of or in connection with the obligations contemplated by this authorization and consent are the sole responsibility of the Credit Services Organization Applicant/Registrant.

Initial: _____

Legal Name of Credit Services Organization _____

Legal Name of Financial Institution _____

Street Address of Financial Institution _____

Associated Trust Account Number(s) _____

Person(s)/Position(s) with access to account(s) _____

Name/Title of person completing form

Signature/Date

STATE OF _____)

COUNTY OF _____)

Sworn and subscribed before me on _____ by _____
(Date) (Name of person listed above)

(NOTARY SEAL) _____ My commission expires: _____
(Notary Public Signature)

Corporations should affix corporate seal and the signature of the President or Authorized Official of the corporation. Partners must sign individually or in accordance the Partnership Agreement.