



Check Writing

0696 E State Road 26
Hartford City, IN 47348
765-348-4600
765-348-3900 FAX
jhoward@barodge.com

Date: _____

To Whom It May Concern:

The following person or business has applied to Barodge Auto Pool, Inc. for check writing privileges. We will be glad to accommodate your customer if you will provide the following information regarding the account.

1. How long has the customer been with your bank? _____
2. How long has the account been open? _____
3. What is the average balance in the account? _____
4. Has the customer had checks returned for insufficient funds? If so, approximately how many? _____

Please return this to Barodge Auto Pool by either mail or fax.

Applicant: Please complete the following about your financial institution. All information provided is for the use of Barodge Auto Pool, Inc. and will be held in the strictest confidence.

Financial Institution: _____

Address: _____

Phone: _____

FAX: _____

Contact Name: _____

Account Number: _____

Account Title: _____

Customer's Signature: _____