



## Third Party Disbursement Verification Form

The undersigned certifies that either I or my staff has verified the attached transaction with the client(s). We know the client's voice, we know the client, and we were not working off only email communication.

Please accept this document as verification that the attached transaction is a legitimate request from the client(s).

Client name: \_\_\_\_\_

Account number: \_\_\_\_\_

Payee: \_\_\_\_\_

Advisor Printed Name: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

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

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