DEBTOR-IN-POSSESSION STATEMENT OF DEPOSITORY AND AUTHORIZATION FOR RELEASE OF INFORMATION

(DO NOT FILE THIS DOCUMENT WITH THE COURT)

RE:			,
Case Name:			
d/b/a:			
Case Number:			
This will confirm that the a			
That said account(s) have be That said account(s) have be Debtor's Name Debtor-In-Possessi Optional: Type of A Address City, State, Zip	peen titled:		erally insured.
All Debtor-in-Possession o	1	ository are as follows:	<u> </u>
ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE / DATE	WHO CAN SIGN CHECKS
I hereby authorize the release pertaining to funds or account limited to checking account limited to checking account was the Debtor provided a Was the Debtor provided a requests? This form is to be complete the Office of the United States.	unts that are property of the ounts, savings accounts, to debit card with the above month-end bank statemer. If no, then what is the cut end and signed by the deposit	Debtor-in-Possession Accut cutoff date, which the Off	ount(s)? fice of the US Trustee unt(s)? the original returned to
Print Name and Title Date:		Print Name and Title	
		Date:	
Co-Debtor Signature (if applicable)		Bank Name:	
Print Name and Title		Telephone No.:	
D. A.		E. N.	