

SAMPLE

DUE DILIGENCE FOR INACTIVE ACCOUNT

HOLDER NAME & ADDRESS

CUSTOMER NAME

CUSTOMER ADDRESS

CUSTOMER CITY, STATE & ZIP

It is the policy of (HOLDER) to review and update our account records periodically. Our records of your savings/checking account number 123456 indicate no transactions as of (LAST ACTIVITY DATE). Your account needs to be brought current. State law requires us to turn this account over to the state if the account is truly abandoned. To prevent us from turning your account over to the state's unclaimed property office, please check the appropriate box, sign in the space provided below, and return this to us as soon as possible.

- The above address information is correct for the account and I am aware of the account.
- Please change the account holder(s) name(s) and/or address(es) to read as follows:

- I wish to close this account. Please send a check for the closeout amount to the following address:

Signature

Date

Your assistance is appreciated. Please contact our office if you have any questions.

Sincerely,

Your Bank Officer

SAMPLE

DUE DILIGENCE FOR OUTSTANDING CHECK

To: _____ Date: _____

Re: Disposition of Outstanding Check

Our records indicate that the following check issued to you is still outstanding:

<u>Check#</u>	<u>Date Issued</u>	<u>Amount Issued</u>
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Please indicate the disposition of the check on the bottom of this form and return it to us within _____ days

Disposition of Check

___ I cashed the above check. Provide date cashed, if known: ___/___/___

___ I am holding the above check for the following reason:

___ I received the above check, but it has been lost or destroyed. Please issue a replacement check.

___ I did not receive the above check. Please issue a replacement check.

___ Other, explain:

Please sign here:

Address (if other than above):
