**Verification of Employment Form**

TO: **EMPLOYER NAME** FROM: **Quontic Bank**

**EMPLOYER ADDRESS One Rockefeller Plaza 9th Floor**

**CITY, STATE ZIP New York, NY 10020**

**Phone #: Processor Phone#:**

**Fax #:**

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Requestor Name (Print) Position Signature Date

Name and Address of Applicant: \***See attached borrower's authorization**

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**To Be Completed By Employer / Company Accountant (if employed by family):**

Applicant’s Date of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Gross Annual Earnings (all sources): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probability of Continued Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Applicant Have Any Ownership in Business: No \_\_\_\_\_ Yes \_\_\_\_; \_\_\_\_\_\_%

**Authorized Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer / Company Accountant Title Date

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Print Name of Signer Phone Number