QUONTIC
ADAPTIVE DIGITAL BANK

Verification of Employment Form

TO: **EMPLOYER NAME**
EMPLOYER ADDRESS
CITY, STATE ZIP
Phone #:
Fax #:

FROM: **Quontic Bank**
One Rockefeller Plaza 9th Floor
New York, NY 10020
Processor Phone#:

_____ _____ _____
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

_____ _____
Print Name of Signer Phone Number