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Office of the  
State Bank Commissioner

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### **Trust Account Authorization and Consent**

The person(s) signing below consent(s) to the jurisdiction of the state of Kansas and the Office of the State Bank Commissioner of Kansas (OSBC) for the purpose of any investigation or proceedings under the Kansas Credit Services Organization Act K.S.A. Supp. 50-1116 et seq., and amendments thereto.

**Initial:** \_\_\_\_\_

Any Credit Services Organization Applicant/Registrant must have a current Trust Account Authorization and Consent form on file with the OSBC at all times and should be uploaded to the NMLS. Further, the person(s) signing below agree(s) that the referenced Trust Account shall not be closed or terminated by the registrant without 10 days prior notice to the Bank Commissioner and/or Designee.

**Initial:** \_\_\_\_\_

The required account information shall be kept confidential pursuant to the laws governing disclosure of public records, including the Kansas Open Records Act, K.S.A. 45-215 et seq., and amendments thereto. Furthermore, the person(s) signing below hereby give(s) irrevocable consent authorizing the named bank to release information, at any time, concerning the listed accounts to the Bank Commissioner and/or Designee.

**Initial:** \_\_\_\_\_

Liability for any lost profits, indirect damages, special, punitive or consequential damages that arise out of or in connection with the obligations contemplated by this authorization and consent are the sole responsibility of the Credit Services Organization Applicant/Registrant.

**Initial:** \_\_\_\_\_

**Legal Name of Credit Services Organization** \_\_\_\_\_

**Legal Name of Financial Institution** \_\_\_\_\_

**Street Address of Financial Institution** \_\_\_\_\_

**Associated Trust Account Number(s)** \_\_\_\_\_

**Person(s)/Position(s) with access to account(s)** \_\_\_\_\_

\_\_\_\_\_  
**Name/Title of person completing form**

\_\_\_\_\_  
**Signature/Date**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Sworn and subscribed before me on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name of person listed above)

(NOTARY SEAL)

\_\_\_\_\_  
(Notary Public Signature) My commission expires: \_\_\_\_\_

Corporations should affix corporate seal and the signature of the President or Authorized Official of the corporation. Partners must sign individually or in accordance the Partnership Agreement.