

WAREHOUSE INFORMATION

THE BELOW INFORMATION MUST BE COMPLETED BY NON-DELEGATED CORRESPONDENT TO BOARD WAREHOUSE INFORMATION INTO EMM'S LOS.

IF THE FORM IS PROVIDED WITH INCOMPLETE INFORMATION, YOUR APPROVAL WILL BE SUSPENDED UNTIL THE INFORMATION IS COMPLETED IN IT'S ENTIRETY. ALL INFORMATION BEING PROVIDED MUST BE LEGIBLE.

Correspondent Name: _____

Bank Name: _____

City, State and Zip Code: _____

Contact Name: _____

Contact phone number: _____

Account Number: _____

ABA Number: _____