

**DEBTOR-IN-POSSESSION STATEMENT OF DEPOSITORY  
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

DO NOT FILE THIS DOCUMENT WITH THE COURT

**TO:** Office of the United States Trustee  
101 West Lombard Street  
Baltimore, MD 21201

**RE:**

Case Name:
d/b/a:
Case Number:

This will confirm that the above referenced Debtor in Possession has maintained or established the following account(s) at \_\_\_\_\_, that said account(s) have been designated as Debtor in Possession and are federally insured.

All open accounts at this depository are as follows:

ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE / DATE	AUTHORIZED CHECK SIGNERS

I hereby authorize the release to the United States Trustee of any information and for copies of documents pertaining to funds or accounts that are property of the above-referenced bankruptcy estate, including, but not limited to checking accounts, savings accounts, trust, and investment accounts.

This form is to be completed and signed by the depository and debtor and the original returned to the Office of the United States Trustee.

\_\_\_\_\_  
**Debtor Signature**

\_\_\_\_\_  
**Bank Authority Signature**

\_\_\_\_\_  
**Print Name and Title**

\_\_\_\_\_  
**Print Name and Title**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Co-Debtor Signature**

**Bank Name:** \_\_\_\_\_

\_\_\_\_\_  
**Print Name and Title**

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_