

REQUEST TO FILE SUIT FOR NEGATIVE SHARE/SHARE DRAFT/DEPOSIT ACCOUNT

TO: SORENSON VAN LEUVEN, PLLC.

FROM: _____

DATE: _____

ACCOUNT #: _____

Defendant's Name (Include co-maker's name & address, if applicable): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Current Service Address: _____

Place of Employment Address: _____

Please serve defendant at: Residence or Place of Employment

Negative Balance Owed: _____

Date of Charge-Off: _____

Check Box if suspected fraud or check kiting:

Explain fraud or give summary of check kiting: _____

Please attach the following documents to this form:

- Copy of Account Signature Card
- Account History showing overdraft and applicable charge
- Account Terms and Conditions/Membership Agreement
- If applicable, returned checks or deposit items

Comments: _____