

Request for Verification of Income

Complete this entire form to allow Palco to disclose income-related details to the party provided below. Because Palco is not your employer, we cannot confirm your current status and/or start and end dates as a worker for your employer; only your employer can confirm this information.

| REQUIRED INFORMATION | |
|---|---|
| Full Name | ID |
| Information requested: | |
| <input type="checkbox"/> Gross wages | <input type="checkbox"/> All withholdings, including taxes and garnishments |
| <input type="checkbox"/> Net pay | <input type="checkbox"/> Other: _____ |
| Time Period of Request: | |
| _____ / _____ / _____ through _____ / _____ / _____ | |
| Submit Information to: | |
| <input type="checkbox"/> My email address on file with Palco. | |
| <input type="checkbox"/> My mailing address on file with Palco. | |
| <input type="checkbox"/> A secondary email address: _____ | |
| <input type="checkbox"/> A secondary mailing address: _____ | |
| <input type="checkbox"/> Fax to: _____ | |

I hereby authorize Palco, Inc. to disclose my income information as described herein or as authorized and/or described in any attachments incorporated by reference to this document. I understand that my signature releases Palco, Inc. of any liability related to this disclosure or subsequent disclosure and with any action associated with the use of the information by the party I have listed above. I understand that it may take five (5) business days to process this request.

Signature

Date

Please return this form to Palco via email: accounting@palcofirst.com or via fax to 1.877.859.8757.