

Twelve-Month Payment History



Complete all informational fields below. The completed form must be mailed and the \$25.00 fee enclosed **before** the request will be processed. Requests are completed within 3-5 business days of receipt.

Requests must be mailed to:

Fulfillment Operations
First Horizon Bank
3451 Prescott
Memphis, TN 38118

Make check payable to First Horizon Bank

Customer Information (please print):

Name on Account:	
Social Security Number:	
Account Number:	
Account Number:	
Account Number:	

I authorize First Horizon Bank to release to the Requestor below the payment history, including the amount and date of payment, for the account(s) identified above for the prior 12-month period from the date of this authorization.

Signature of account holder: _____ **Date:** _____

Requestor Information (please print):

Requestor Name:	
Company Name:	
Phone Number:	
Fax Number:	
Email Address:	