



RESOLUTION FORM

Customer Name(s): _____

Customer Contact Telephone Number(s): _____

Account Number(s): _____

Date Issue Received for Resolution: _____

Issue Received: In Person Telephone Fax/Letter Other _____

Details of Issue Requiring Resolution:

Details of Actual Resolution:

Initiation of Resolution: _____ **Date:** _____

Resolution Forwarded To: _____ **Date:** _____

Banker Responsible for Final Resolution: _____ **Date:** _____
SIGNATURE

Supervisor of Resolution Banker: _____ **Date:** _____
SIGNATURE