

Agency Letterhead

*(Your Name
Your Address
Your City, State, Zip Code)*

*(Name of Financial Institution)
Address of Financial Institution
City, State, Zip Code of Financial Institution
ATTN: Point of Contact at Financial Institution if known)*

CERTIFICATE OF COMPLIANCE WITH THE RIGHT TO FINANCIAL PRIVACY ACT

I certify, pursuant to Section 3403(b) of the Right to Financial Privacy Act of 1978, Title 12 United States Code, Sections 3401 et seq., that the applicable provisions of that statute have been complied with as to the Department of Defense (DoD) Inspector General subpoena number _____ presented on _____, _____, for the financial records of _____.

Pursuant to Section 3417(c) of the Right to Financial Privacy Act of 1978, good faith reliance upon this certificate relieves your institution and its employees and agents of any possible liability to the customer in connection with the disclosure of these financial records.

(Your signature block)