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**Bank Information Release Authorization**

Due to the tightening of regulations regarding divulging credit information, banks are now requiring written authorization from their depositors for the release of any information associated to their account.

When you return your completed Credit Application, please sign this authorization for your bank and return it as well.

Thank You.

**Company:** Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank:** Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorize:** I give my permission for the release of information regarding my accounts as required on the attached Bank Credit Information Request form.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Title: \_\_\_\_\_

**Accounts:** Checking Acct #s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Loan Acct #s: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_