



Customer Authorization for Release of Records or Information

Right to Financial Privacy Act

I, _____,
(Name of customer)

hereby authorize _____
(Name and Address of Financial Institution)
to disclose financial records or information

to: _____, _____,
(Name of Company)
_____,

for the following purpose(s):

I understand that this authorization may be revoked by me in writing at any time before my records or information, as described above, are disclosed, and that this authorization is valid for no more than three months from the date of my signature.

_____, 20____

(Signature of Customer)

(Address of Customer)