

Financial Information Release Authorization

I, [REDACTED], hereby authorize the release of my financial information as described below.

Date of Birth: [REDACTED]

Address:

[REDACTED]

To: [REDACTED]

Purpose of Release:

[REDACTED]

Type of Information to be Released:

- Bank Statements
- Tax Returns
- Pay Stubs
- Other (specify): [REDACTED]

This authorization is valid until [REDACTED] (MM/DD/YYYY) unless revoked in writing.

Signature: [REDACTED] Date: [REDACTED]