

Authorization for Release of Financial Information

I, , hereby authorize (Name of financial institution or individual) to release the following financial information:

- Account Numbers:
- Account Type(s):
- Specific Information to be Released:

The information will be released to: (Name and address of recipient).

Purpose of disclosure:

This authorization is valid until (date):

I understand that I may revoke this authorization at any time in writing.

Signature: Date: