

# Authorization to Release Information

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I/We herby authorize the release to Lender of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Lender to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We herby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We herby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer or Lender. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/We affirm our identity as the respective individual(s) identified in the related application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

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Social Security #

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Name

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Signature

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Social Security #