

Authorization to Inquire



Account holder

| | | | |
|------------------|-----------------------|--|------|
| Date: | Account number: | <input type="checkbox"/> New authorization | |
| | | <input type="checkbox"/> Cancel existing authorization | |
| Customer name: | Last 4 digits of SSN: | Phone number: | |
| Mailing address: | City: | State: | Zip: |

Authorization

| | |
|--|-------|
| I hereby authorize _____ (third party personal information included below) to access information regarding my account. (Limited as stated below) | |
| Reason needed: | |
| Authorization shall remain valid between _____ and _____ (Start Date) (End Date) | |
| Borrower's signature: | Date: |

Third party information

| | | | |
|------------------------|-----------------------|---------------|------|
| Name: | Last 4 digits of SSN: | Phone number: | |
| Address: | City: | State: | Zip: |
| Third party signature: | Date: | | |

Disclosure statement

This authorization allows limited information access to your account for the third party listed. *This authorization does not provide third parties with authorization to advance any available credit or make financial decisions regarding this account.* The third parties may be asked to provide personal information to verify the identity if a call is made to request specific information about your account. Wells Fargo may refuse to disclose any information to a third party who cannot verify his or her secure information.

Return completed form to: Wells Fargo
Attn: Home Equity Correspondence
MAC: X2302-04E
P.O. Box 10335
Des Moines, IA 50306 - 0335
Fax: 866-328-0418

