

**CUSTOMER CONSENT AND AUTHORIZATION
FOR ACCESS TO FINANCIAL RECORDS**

I, _____, having read the explanation of my rights which is
(Name of Customer)

attached to this form, hereby authorize the _____
(Name and Address of Financial Institution)

to disclose these financial records:

to _____
(Name of Person (s))

for the following purpose (s):

_____.

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

(Date)

(Signature of Customer)

(Address of Customer)

(Witness)