

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

I, _____, attached to this form, hereby authorize
(Name of Customer)

(Name and Address of Financial Institution)

to disclose the following financial records:

(Types of Financial Records)

to _____
(Name of Persons)

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)