

Authorization for Release of Financial Information

I, the undersigned, hereby authorize the release and disclosure of my financial information as indicated below to the specified recipient(s). This authorization is provided voluntarily to facilitate the exchange of necessary financial details as required for approvals, applications, or financial reviews.

1. Personal Information

Full Name:

Date of Birth:

Address:

2. Financial Institution Information

Name of Financial Institution:

Account Number(s):

3. Recipient Details

Name of Recipient/Organization:

Recipient Address:

4. Information to be Released

Specify the financial information to be released (e.g., bank statements, loan details, ac

5. Purpose of Disclosure

State the reason for the release (e.g., loan application, financial review)

6. Authorization Duration

This authorization is valid from:

to



I understand that I may revoke this authorization at any time in writing, except to the extent that prior action has been taken in reliance on this authorization.

Signature:

Date: