

Authorization to Release Financial Information Form

The **Authorization to Release Financial Information Form** sample helps individuals grant permission to share their financial details securely. This form ensures clear consent is given for the exchange of sensitive financial data between parties. Using a standardized template streamlines the authorization process and protects privacy.

Personal Information

Full Name:

Date of Birth:

Address:

Financial Institution Details

Institution Name:

Account Number (last 4 digits):

Recipient Information

Name of Authorized Recipient:

Recipient Contact Information:

Authorization Scope

Type of Information to Release:

☐ Account Balance

☐ Transaction History

☐ Tax Documents

☐ Other

Purpose of Release:

Authorization Valid Until:

Consent

By signing below, I authorize the release of my financial information as described above to the indicated recipient. I understand I can revoke this authorization at any time in writing.

Signature:

Date:

Submit Authorization

This is a sample document intended for illustrative purposes only. Please consult with a financial or legal professional before using any authorization forms.