AUTHORIZATION TO DISCLOSE FINANCIAL RECORDS

To:	
Re:	Social Security No.
informa instituti	You are hereby authorized and directed to furnish and release to and to any ee, agent or representative thereof any and all or any portion of the records, documents and other writings and ation in your possession or under your control concerning all of my accounts with and deposits in your ion, whether open or closed, and whether held solely in my name or jointly with another and further concerning loans and lines of credit with your institution on which I am liable individually or jointly with another or as a cor.
comput reports	You are further authorized to allow said persons to read, review, copy and have copied any and all records, as, memoranda, and all other recorded information regardless of whether it is written, recorded, or on erized disc. You are also authorized to communicate with said persons orally or in writing and to provide concerning the matters addressed herein for the purpose of explaining or disclosing any other information ed relative to such accounts and deposits.
authoriz	All expense pertaining to the foregoing shall be paid by the party requesting the information pursuant to this zation and nothing herein shall be construed to make me liable for those costs.
STATE COUN	E OF MISSOURI)) ss TY OF)
person	On this day of,, before me a Notary Public, personally appeared the above named who acknowledged signing the above and foregoing instrument as a free act and deed.
My Cor	Notary Public mmission Expires: