

## **AUTHORIZATION TO DISCLOSE LOAN INFORMATION**

This consent form allows the Borrower(s) or Authorized Signing Authority(s) (collectively "the Borrower(s)") named below to appoint an individual or entity (as applicable) to communicate with Equitable Bank (the "Lender") regarding pertinent details of the Borrower's Equitable Bank lending product(s) listed below. It allows the Lender to communicate to this authorized individual/entity information concerning the lending product(s), including the provision/acceptance of documents but excluding any personal information related to the Borrower(s). This form does not provide authority for the authorized individual/entity to act, transact, or instruct in any way. The Lender may cease communicating with the Borrower's authorized individual/entity at any time.

BORROWER/AUTHORIZED SIGNING AUTHORITY INFORMATION
Name(s): Print Name Print Name Print Name
Please check applicable product(s) and provide Account Number and Property Address.
☐ Mortgage Number: ☐ Line of Credit Number: ☐
Property Address:
CSV Line of Credit/ IFA Account Number:
AUTHORIZED INDIVIDUAL/ENTITY
Name:
Firm name (if applicable):
Relationship to Borrower:
Contact Information:
Telephone Email
AUTHORIZATION
I/We hereby give consent for the Lender to communicate loan information to the authorized individual/entity named in this form and to allow this individual/entity to communicate with the Lender regarding the Equitable Bank lending product(s) noted above. I/We understand that this consent becomes effective as of the date written below and remains valid until revoked by me/us in writing.
Borrower/Authorized Signing Authority Signature Date Print name
Borrower/Authorized Signing Authority Signature Date Print name