

## **AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION**

This consent form authorizes Equitable Bank to release personal information to the authorized party indicated below. I/We understand that the information that may be released by Equitable Bank includes, but is not limited to, my credit history, my payment history, the current status of, and details about, the credit product noted below (“Personal Information”).

### **MORTGAGE BORROWER INFORMATION**

Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Mortgage Number: \_\_\_\_\_ HELOC Number: \_\_\_\_\_ (if applicable)

### **AUTHORIZED INDIVIDUAL / ENTITY**

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Relationship to Borrower(s): \_\_\_\_\_

Contact Information: \_\_\_\_\_  
Telephone Email

### **AUTHORIZATION**

This direction shall become effective as of the date written below and shall continue in force until revoked by me/us in writing.

\_\_\_\_\_  
Signature Date Name (please print)

\_\_\_\_\_  
Signature Date Name (please print)