

Customer Authorization for Financial Record Disclosure

To: [Name of Financial Institution]
[Address of Financial Institution]
[City, State, Zip Code]

From: [Customer Name]
[Customer Address]
[City, State, Zip Code]
[Account Number(s)]

Date: [Current Date]

I, [Customer Name], hereby authorize [Name of Financial Institution] to disclose the following financial records and information:

[Description of specific records, e.g., monthly statements, loan applications, transaction history for specific dates]

These records are to be disclosed to the following person or entity:

[Name of Receiving Party]
[Address of Receiving Party]
[Purpose of Disclosure]

This authorization is valid for a period of [Number] days from the date of my signature, or until [Specific Expiration Date]. I understand that I have the right to revoke this authorization at any time by providing written notice to [Name of Financial Institution].

I understand that my financial records are protected under federal and state privacy laws and cannot be disclosed without my written consent unless otherwise permitted by law. I am providing this authorization voluntarily.

Sincerely,

[Customer Signature]

[Printed Name]