IN THE CIRCUIT COURT OF CLAY COUNTY, MISSOURI

Case Number: _____

AUTHORIZATION AND CONSENT
TO DISCLOSURE OF FINANCIAL INSTITUTION'S RECORDS

TO: _____
_____
_____
_____

YOU ARE HEREBY AUTHORIZED and requested to permit _____, or he/she/its authorized representative, to examine and copy in any manner, all or any portion of the records, documents and other writings pertaining to all of my accounts with and deposits in your institution, whether open or closed, and whether held solely in my name or jointly with another. You are further authorized to permit the examination and copying of all records, documents and other writings pertaining to all loan applications (whether or not approved) and to all loans with your institution upon which I am liable, individually or jointly with another, or as a guarantor. You are further authorized to communicate (orally or in writing) with any member of said firm, or its representative, for the purpose of explaining or disclosing any other information requested pursuant to this Authorization.

Any expense pertaining to the foregoing shall be paid be the party requesting same pursuant to this Authorization and nothing herein shall be construed to make me liable for same.

A copy of this Authorization shall have the same force and effect as the original.

This Authorization shall be irrevocable for a period of six (6) months from the date of this Authorization and shall thereafter be deemed revoked without further notice.

DATE: _____ _____

STATE OF MISSOURI)
) ss.
COUNTY OF _____)

ON THIS _____ day of _____, 20_____, affiant personally appeared before me. a Notary Public, and upon oath, declared that he/she signed the above and foregoing instrument as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal on the date last above written.

_____
Notary Public

My Commission Expires: _____

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