

# FINANCIAL AUTHORIZATION AND RELEASE FORM

\_\_\_\_\_  
FINANCIAL INSTITUTION'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

Contact: (Mr.) \_\_\_\_\_  
(Ms.) \_\_\_\_\_  
(Mrs.) \_\_\_\_\_  
(Miss) \_\_\_\_\_  
Financial Institution

Company Tax Identification Number \_\_\_\_\_

This form is your authorization from our company to release upon request **information and/or copies of documentation pertaining to any and all of our financial records** within your institution to the Texas Department of Insurance, Austin, Texas.

\_\_\_\_\_  
ACCOUNT NAME PER FINANCIAL RECORDS

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ACCOUNT NUMBER(S)

\_\_\_\_\_  
ADDRESS

Please Mark Type of Account:

\_\_\_\_\_  
CITY, STATE, ZIP CODE

### CASH ACCOUNTS

- Checking       Savings  
 Certificate of Deposit     Money Market

### INVESTMENTS

- Stocks & Bonds     Securities     Trust Account  
 Safekeeping       Lock Box     Other

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

Loan Number(s) \_\_\_\_\_

(FOR FINANCIAL INSTITUTION'S RECORDS)