

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:

CASH ACCOUNTS

- Checking Savings
 Certificate of Deposit Money Market

INVESTMENTS

- Stocks & Bonds Securities Trust Account
 Safekeeping Lock Box Other

Loan Number(s) _____

CITY, STATE, ZIP CODE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

(FOR FINANCIAL INSTITUTION'S RECORDS)