



Community Pride Bank

Information Authorization Form

Date: _____

Re: Account Number _____

I, _____, an authorized signer on the above-mentioned
(name of person granting authorization)
account, held in the name of _____, hereby authorize
(account title)

Community Pride Bank to release information on my banking account to

(name of person authorized for information)

I authorize release of the following information: (make an X by all that apply)

- Receive balance information
- Receive information regarding specific account information (ex. Deposits made, checks cleared, etc.)
- Obtain copies of specific checks
- Make deposits to my account
- Receive cash back from deposits on my account
(deposit ticket must be signed by account holder and person receiving cash)
- Other (Describe) _____

As of today's date, I understand that this agreement will remain in effect until Community Pride Bank receives further written notice canceling this agreement.

(Signature)

Effective _____, I wish to cancel this information authorization agreement on account number _____.

(Signature)