

# AUTHORIZATION TO RELEASE BANK CREDIT INFORMATION

DATE

Accept this as authorization to release bank credit information on:

Bank Customer (Company Name) \_\_\_\_\_

Account Number (s) \_\_\_\_\_

Authorized Signer's Name \* print \* \_\_\_\_\_

Authorize Signature\* \_\_\_\_\_

Phone Number/Fax Number \_\_\_\_\_

Please release the credit/ban information indicated above to:

All Direct Mail Services, Inc

Fax # (818) 833-0662

Phone # (818) 833-7773

**Signatures are verified against actual documents. \* Those individuals who have signed the actual signature card(s) are the only persons who may authorize Bank to release credit information on the account listed.**