

**FINANCIAL INFORMATION AND CREDIT REPORT
AUTHORIZATION AND RELEASE**

Authorization is hereby granted to Eastern American CDC and their employees, agents, contractors, and related entities (“Authorized Parties”) to obtain all financial information and records, related to the undersigned including but not limited to, financial statements, tax returns, employment information, accounts and credit reports through any credit reporting agency.

My signature below authorizes the release to any credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc).

Authorization is further granted to the reporting agency to use a copy, facsimile, electronic copy and/or other reproduction of this Authorization to obtain any financial information relating to the undersigned. As used herein, the phrase “financial information” shall be broadly construed, as allowed by applicable law.

This Authorization hereby grants permission and authorizes the Authorized Parties to share and release any such financial information related to the undersigned with lending and/or financial institutions, including their committees and representatives.

The undersigned hereby release, discharge, exonerate the Authorized Parties, and any person/party furnishing financial information from any and all liability of every nature and kind arising out of the furnishing and inspection of such financial information and other information, and this release shall be binding on my successors, heirs, assignees and legal representatives.

Signing below grants permission for the release and sharing of financial information with credit reporting agency(ies), lending institutions, financial institutions and others. This Authorization shall be effective immediately and shall continue through payoff and satisfaction of any applicable loan (or termination of a loan application) and until written notice is received by either or both of the entities in the first paragraph from the undersigned terminating this Authorization.

Name: _____

SS#: _____

Date: _____

Signature: _____

Spouse Name: _____

Spouse SS#: _____

Date: _____

Spouse Signature: _____

Current Address: _____

Previous Street Address: _____