

AUTHORIZATION TO RELEASE CONFIDENTIAL AND ACCOUNT INFORMATION

Name:	Date of Birth:	
HPF Application ID		
I request and authorize Washington I of any and all information concerning		
Name:		
Address:		
City:	State:	Zip Code:
These records include, but are not lir records.	nited to: personal, f	inancial and customer service
I understand that this authorization is will require another signed release.	s only good for this	specific request and another request
I have read and understand the nature	e of this authorization	on.
Signature of Customer		Date
Signature of Designated Representati	ive	Date