



## **RELEASE OF INFORMATION**

In accordance with the Gramm-Leach-Bliley Act, I hereby authorize Triad Bank, N.A. and its employees to release the below information on account number \_\_\_\_\_ . This information is to be provided to \_\_\_\_\_ or their representatives.

Name of Individual or Company

PLEASE CHECK THE FOLLOWING THAT APPLY:

- BALANCE
- NUMBER OF OVERDRAFTS
- PAYOFF BALANCE
- PAYMENT HISTORY
- PAST DUE HISTORY
- AVERAGE BALANCE
- CREDIT HISTORY
- CREDIT RATING
- ACCOUNT HISTORY
- ALL THE ABOVE
- OTHER(DETAIL)

\_\_\_\_\_  
Account Holder Signature & Date

\_\_\_\_\_  
Password

**REVOCAATION OF THIS RELEASE MUST BE IN WRITING.**

Fax to 918-749-8871 for release of deposit account information

Fax to 918-250-2196 for release of loan account information