Authorization to Verify Financial Information

and (print all business names)

I/we,(print full names) _ of (city) ____

, Alaska, hereby authorize the following named financial institution to divulge any and all requested financial information you maintain to the Juneau Economic Development Council and its Southeast Alaska Revolving Loan Fund, including but not limited to the balances of my accounts, the terms of any credit extended, the amount of any outstanding loan balances, and the manner in which my accounts and/or loans have been maintained. I understand that the information is of a confidential nature and will be used for the sole purpose of evaluating a credit application.

Date					Date Title:				Date	
Financial Institution:					Phone Num	per:				
Mailing Address:					Fax Number:					
		For Bank Use Only								
Deposit Account Number	Type (checking, savings, other)		Current Balance		6 Month Average Balance		Date Account Opened		Number times NSF in last 12 months	
	·									
		1		1	For Bank Use Only					
Loan Number	Loan Type Term, Revolving, Installment, Credit Card	Loan Origination Date	Description of Collateral Pledged	Does this collateral also secure another Bank Loan ?		Interest Rate	Maturity Date	Monthly Paymen Amount	t Current Balance	# Pmts Past due in last 12 Months
The information above is		at as of this	data and accurately ref	laata	the quetomerte	financial	olingo with t	his institution (DI-		har abaat it
The information above is essentially correct as of this date and accurately reflects the customer's financial dealings with this institution. (Please continue on another sheet if you need more space). Remarks:										

Authorized Signature