

From: Entrepreneurial Development

Authorization to release financial information

Company name: _____

Bank name: _____

Branch phone: _____ Branch fax: _____

Operating account number: _____

We hereby authorize Small Business Administration to obtain financial information on our accounts held at your bank.

Signing officer 1

Signing officer 2

Signature

Signature

Printed name

Printed name

NOTE: IF MORE THAN ONE SIGNATURE IS REQUIRED ON ACCOUNT, MAKE SURE BOTH BANK SIGNING OFFICERS SIGN THE FORM