Equitable Bank

AUTHORIZATION TO DISCLOSE LOAN INFORMATION

This consent form allows the Borrower(s) or Authorized Signing Authority(s) (collectively "**the Borrower(s)**") named below to appoint an individual or entity (as applicable) to communicate with Equitable Bank (the "**Lender**") regarding pertinent details of the Borrower's Equitable Bank lending product(s) listed below. It allows the Lender to communicate to this authorized individual/entity information concerning the lending product(s), including the provision/acceptance of documents but excluding any personal information related to the Borrower(s). This form **does not provide authority** for the authorized individual/entity to act, transact, or instruct in any way. The Lender may cease communicating with the Borrower's authorized individual/entity at any time.

BORROWER/AUTHORIZED SIGNING AUTHORITY INFORMATION

Name(s): _____ _____
Print Name Print Name

Please check applicable product(s) and provide Account Number and Property Address.

☐ Mortgage Number: _____ ☐ HELOC/CELOC Number: _____

Property Address: _____

☐ CSV Line of Credit/ IFA Account Number: _____

AUTHORIZED INDIVIDUAL/ENTITY

Name: _____

Firm name (if applicable): _____

Relationship to Borrower: _____

Contact Information: _____ _____
Telephone Email

AUTHORIZATION

I/We hereby give consent for the Lender to communicate loan information to the authorized individual/entity named in this form and to allow this individual/entity to communicate with the Lender regarding the Equitable Bank lending product(s) noted above. I/We understand that this consent becomes effective as of the date written below and remains valid until revoked by me/us in writing.

_____ _____ _____
Borrower/Authorized Signing Authority Signature Date Print name

_____ _____ _____
Borrower/Authorized Signing Authority Signature Date Print name