

AUTHORIZATION RELEASE FORM

FINANCIAL INSTITUTION'S NAME

ADDRESS

CITY, STATE, ZIP CODE

Contact: (Mr)
(Mrs)
(Miss) _____
Financial Institution

Company Tax I D No. _____

This form is your authorization from our company to release upon request **information and/or copies of documentation pertaining to any and all of our financial records** within your institution to the Texas Department of Insurance, Austin, Texas.

ACCOUNT NAME PER FINANCIAL RECORDS

INSURANCE COMPANY

ACCOUNT NUMBER(S)

ADDRESS

Please Mark Type of Account:

Cash Accounts

- Checking Savings
 Certificate of Deposit Money Market

CITY, STATE, ZIP CODE

INVESTMENTS

- Stocks & Bonds Securities Trust Account
 Safekeeping Lock Box Other

AUTHORIZED SIGNATURE

Loans # _____

AUTHORIZED SIGNATURE

(FOR FINANCIAL INSTITUTION'S RECORDS)