

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 Na	ame
Please check applicable product(s) and provide Ac	count Number and Property	Address.
Mortgage Number:	HELOC/CELOC	Number:
Property Address:		
CSV Line of Credit 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 communithis form and to allow this individual/entity to community product(s) noted above. I/We understand that this valid until revoked by me/us in writing.	unicate with the Lender regar	rding the Equitable Bank lending
Borrower/Authorized Signing Authority Signature	Date	Print name
Borrower/Authorized Signing Authority Signature	Date	Print name