

## AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Cascades West Financial Services, Inc. (CWFSI) and/or assigns any and all information CWFSI and/or assigns may require at any time for any purpose related to our credit application/loan transaction with CWFSI and/or assigns.

I/We hereby authorize CWFSI to release any and all information and/or data (including but not limited to personal and/or business financial statements, personal and/or business income tax returns, payment and/or credit history) to any entity CWFSI deems necessary for any purpose related to our credit application/loan transaction with CWFSI and/or assigns.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in the loan authorization materials.

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Authorized Signature, Title Date

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Authorized Signature, Title Date

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Authorized Signature, Title Date

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Authorized Signature, Title Date