

Authorization to Disclose Information



To: Community Trust Company

Attention: _____ Department: _____

From: _____
Customer Name(s)

RE: _____
Account Type and Account Number

I/we hereby authorize Community Trust Company and any of its representatives to disclose any information concerning me/us in your possession, including information of a personal nature, and discuss any other facts or details concerning my/our account(s) with the individual named below.

This form does not authorize the named individual to request maintenance or changes to the status or terms and conditions of the account.

Name: _____

Company Name: _____

Relationship to Customer: _____

Address: _____ Telephone: _____

This Authorization shall continue in force until revoked in writing me/us.

Signed at _____ this _____ day of _____, 20 ____ .

Client Signature

Client Signature