



903 E. 104th St, Suite 400
Kansas City, MO 64131
816.765.2200

Loan Number: _____

Primary Borrower: _____

Secondary Borrower: _____

Authorization Form to Provide Information to: _____

For security validation purposes, I/we are providing and certify that the last five (5) digits of the above authorized party's Social Security or Taxpayer Identification Number is _____

The best contact telephone number(s) for the above authorized party is/are:

This authorization form must be executed by all borrowers and will remain in effect until revoked in writing by one or more borrowers.

I/We, the undersigned (individually and collectively, the "Borrower"), hereby authorize and request North American Savings Bank (the "Bank") to share, release, discuss, and other provide to the above designated individual(s), and any of his, her or its agents, successors or assigns (collectively, the "Recipient"), any and all public and non-public personal, financial or other information of or relating to the Borrower, or any of them, in the Bank's possession or to which the Bank may have access. Such information may include, but is not limited to: loan status, accounts balances, and payment activity of the Borrower, or any of them. The Borrower, collectively and individually, agrees that, except for obtaining the last five (5) digits of the authorized party's Social Security or Taxpayer Identification Number, the Bank shall have no obligation or responsibility whatsoever to verify the identity of the Recipient, or any of them, and releases and holds the Bank harmless from any and all claims, responsibility or liability whatsoever related to, in connection with, or arising out of the Bank's release of information under this authorization.

Borrower (Print)

Borrower (Signature)

Date

Borrower (Print)

Borrower (Signature)

Date

Mail to: NASB, Attn. Loan Customer Service, 903 E. 104th St, Suite 400, Kansas City, MO 64131
Fax to: 816.316.4508 , OR
E-mail to: servicing@nasb.com