

AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Privacy Act passed by Congress in 1974, Southwest National Bank cannot release any information regarding you to anyone without your written consent except as set forth in the Act. Please complete the authorization below, specifying whom Southwest National Bank may contact and to whom to release information with regard to your account. Please return the completed Authorization to any Southwest National Bank branch, or you may fax to (316) 838-8338.

BORROWER:

Loan# _____

Name _____

Address _____

City _____ State _____ ZIP _____

I/We hereby authorize Southwest National Bank and its employees to release information regarding me and/or my account listed above to the following individuals:

First & Last Name	Phone Number	Address	Relationship

I understand that this authorization will remain in effect until revoked by me. I also understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Loan Department. I understand that the revocation will not apply to information that has already been released in response to this authorization.

ELECTRONIC SIGNATURE: You further agree that if you have signed this Authorization to Release Information with one or more electronic signatures, you intend your signature to have the effect of your written ink signature. If you do not wish to use electronic signatures in connection with your Authorization to Release Information, you should not agree to the terms of this disclosure. If you do not consent to the use of electronic signatures in connection with your Authorization to Release Information, we will not be able to proceed with the acceptance and processing of your authorization. You viewed and read the entire Authorization to Release Information before you signed it. You understand that this Authorization to Release Information is in the electronic form that we will keep. We may rely on, and enforce, this Authorization to Release Information in the electronic form or as a paper version of the electronic form. Before you submit the authorization, we recommend that you print or save a copy for your records.

Signature

Date