



AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned, _____ does hereby authorize
Greenfield Savings Bank to supply _____
(Name/Agency/Company)
any and all information on my Checking Account # _____
Savings Account # _____.

Comments*: _____

**Please specify all account detail, specifically what functions you would like them to perform.*
Include 3 pieces of verifying information for the individuals you are authorizing to
receive information on the account: (i.e. mother's maiden name, last four digits of
SSN, code phrase or date of birth)

1. _____
2. _____
3. _____

Customer Name: _____

Customer Signature: _____

Customer SSN (including dashes): _____

Account #: _____

Date: _____

Employee Name: _____