



Luther BurbankSM

Savings

Authorization to Release Information

In accordance with Federal Privacy laws, Luther Burbank Savings requires written customer authorization in order to release information by phone or online banking on the following account(s) to the parties named below.

Primary Name on Account(s):		Today's Date:
Account Number(s):		

AUTHORIZATION TO RELEASE INFORMATION

I/we have authorized Luther Burbank Savings to release information pertaining to the account numbers provided above to the parties referenced below. This authorization will remain in effect until I/we cancel. Cancellation must be made in writing.

NEW AUTHORIZED PERSON/PARTY:

Printed Name of New Authorized Person/Party	Relationship to Borrower (i.e., Bookkeeper, Property Manager, Attorney, Spouse, Sibling)	
Signature of New Authorized Person	Phone Number	Email Address
SS # or EIN# _____ Date of Birth: _____		

NEW AUTHORIZED PERSON/PARTY:

Printed Name of New Authorized Person/Party	Relationship to Borrower (i.e., Bookkeeper, Property Manager, Attorney, Spouse, Sibling)	
Signature of New Authorized Person	Phone Number	Email Address
SS # or EIN# _____ Date of Birth: _____		

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Printed Name of New Authorized Person/Party	Relationship to Borrower (i.e., Bookkeeper, Property Manager, Attorney, Spouse, Sibling)	
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Signature of New Authorized Person	Phone Number	Email Address
SS # or EIN# _____ Date of Birth: _____		

BORROWER / AUTHORIZED SIGNATURE

Printed Name:	Signature of Borrower or Authorized Signer:	Phone Number:	Email:

Office Use Only	Date Received:	Date Processed:	Verified:
	By:	By:	