

AUTHORIZATION TO RELEASE LOAN INFORMATION

TO: _____
Name of Lender

Address

City, State, Zip _____
Telephone

Loan Number

I/ We the undersigned authorize you to release any and all information that they may require for the purpose of a credit transaction or loan payoff/ transfer. You may reproduce this document to acquire reference from more than one source.

Thank you.

X _____
Signature Date

Print Name Social Security #

X _____
Signature Date

Print Name Social Security #

Release Information to:
Deblen Investments
12 84 Woodridge Drive,
Rapid City, SD 57701
605-341-3404