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AUTHORIZATION TO DISCLOSE INFORMATION

I/We * _____ *, do hereby authorize
* _____ *, and his/her affiliates, agents, and
employees and my attorney, Anthony W. McLaughlin, and his agents and employees, to send,
transmit or otherwise disclose to one another any and all information related to all matters involving
the * _____ *, including but not limited
to tax returns, general ledgers, account numbers, account balances, accrued interest, transaction
histories, loan numbers, insurance policy numbers, and copies of statements, account applications,
beneficiary designation forms, signature cards and any other information within their possession or
control, with respect to any matter handled by either of them standing in the name's of the
undersigned, whether individually, or jointly with others.

I/We reserve the right to revoke this authorization at any time by written notice to the
parties.

Dated: _____

