SHOREHAM BANK

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to Shoreham Bank of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize Shoreham Bank to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We hereby certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

I/We hereby acknowledge that all loan approvals will be in writing and subject to the terms and conditions set forth in a commitment letter signed by an officer of Shoreham Bank.

1. Signature: _____ Date: _____

Print Name: _____ Social Security #:_____

Home Address: _____ Date of Birth: _____

2. Signature: _____ Date: _____

Print Name: _____ Social Security #:_____

Home Address: _____ Date of Birth: _____

3. Signature: _____ Date: _____

Print Name: _____ Social Security #:_____

Home Address: _____ Date of Birth: _____

4. Signature: _____ Date: _____

Print Name: _____ Social Security #:_____

Home Address: _____ Date of Birth: _____

Please contact info@shoreham.bank to receive information on how to securely provide this form to the bank.