



44805 Industrial Dr., Fremont, CA 94538 TEL: 510-668-1300 FAX: 510-217-3985

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

To Bank:

From AMTF Corporation Customer:

Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

Please accept The Authorization to release information regarding our accounts listed below to AMTF Corporation for the purpose of extending credit. I understand that this information will be kept in strictest confidence between your organization and AMTF Corporation. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed

Checking Account No: _____ Saving Account No: _____

Authorization Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____