		A	A A	A A
Chase Account Number: Date: Customer Name(s): Property Address:				
I/We,		(au	stomer name(s	s]), currently residing
at	(current addr	ess), County of		, State of
, hereby authorize . information related to my/our ac				
("Third Party") (Include the name of the Party") (Include the name of the Include the Incl	If the Third Party listed atural person, you may hom Chase is authoriz ization is not otherwis	l above is a cou provide the na ed to release inf	nseling organi me(s) of the sp formation. If n	zation, corporation, pecific individual(s) poindividuals are
I/We authorize Chase to provide	v	the following i	ndividual(s) a	t the Third Party:
Chase will take reasonable steps	to authenticate the ide	ntity of the Thin	nd Party aut	
I/We hereby indemnify and fore suits, claims, attorney's fees, or cresulting from Chase discussing, or person identifying himself/her provide, any documents or other Signed by:	demands against Chase or declining to discus rself to be that requesto	e, which I/we ar s, my/our accou or, or resulting f	nd/or my/our h int with the abo from providing	eirs may have ove-named requestor g, or declining to

(Printed Name)		
ned by:		
(Signature)	(Date)	
(Printed Name)		

Please return this completed form to:

Regular mail: Chase

Mail Code OH4-7302 P.O. Box 24696

Columbus, OH 43224-0696

Overnight mail: Chase

Attn: Third Party Authorization Research

710 South Ash Street, Suite 200 Glendale, CO 80246-1989

Fax: 1-614-422-7575 (Free of charge from any Chase branch)

If you have questions on the form, please call us at 1-800-848-9136. We accept operator relay calls.

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