

GENERAL RELEASE

Lender: State Bank of Newburg
300 Congress Dr/Hwy 33
Newburg, WI 53060-0020

Date: _____

To Whom It May Concern:

I/we hereby authorize the State Bank of Newburg to gather the following information for credit analysis:

- Employment history, dates, title, income records, hours worked, etc.
- Banking and savings account records; stock holdings and any other asset balances
- Credit Report
- Mortgage loan rating and/or landlord references
- Any information deemed necessary in connection with this loan transaction

This information is for confidential use of the State Bank of Newburg relating to a credit request by the below named individual(s)/company

A photographic, carbon or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

Signature

Social Security Number

Print Name

Date of Birth

Address

Phone Number

Email Address

Do you have a credit freeze currently in place with any of the credit reporting agencies? Yes No

Signature

Social Security Number

Print Name

Date of Birth

Address

Phone Number

Email Address

Do you have a credit freeze currently in place with any of the credit reporting agencies? Yes No