

By signing below, I give the right to Desjardins Bank N.A. to verify any personal and/or professional information, and order credit reports as well as annual credit updates.

AUTHORIZATION TO CONDUCT AN INVESTIGATION

NAME : _____

HOME ADDRESS: _____

DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DRIVER LICENSE NUMBER: _____

I authorize the release of information to Desjardins Bank N.A. concerning licensing, employment, credit information, banking relationship information including balances and payment history:

Signature: _____ Date: _____