



FARM CREDIT

OF CENTRAL FLORIDA

AUTHORIZATION TO RELEASE CREDIT AND FINANCIAL INFORMATION

I/We hereby authorize Farm Credit of Central Florida, ACA to make any credit inquiries it deems necessary in connection with my/our credit application or in the course of review or collection of any credit extended in regards to my/our application for a loan.

I/We authorize and instruct any person, company, or consumer reporting agency to compile and furnish and information it may have or obtain in response to such inquiries.

This authorization is effective from the date indicated below and shall remain in effect until the business relation with Farm Credit has been terminated.

A copy of this release is also an acceptable authorization.

Print Full Name	Social Security #	Date	Signature
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