

# Authorization to Disclose Information



To: Community Trust Company

Attention: \_\_\_\_\_ Department: \_\_\_\_\_

From: \_\_\_\_\_  
*Customer Name(s)*

RE: \_\_\_\_\_  
*Account Type and Account Number*

I/we hereby authorize Community Trust Company and any of its representatives to disclose any information concerning me/us in your possession, including information of a personal nature, and discuss any other facts or details concerning my/our account(s) with the individual named below.

**This form does not authorize the named individual to request maintenance or changes to the status or terms and conditions of the account.**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Relationship to Customer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**This Authorization shall continue in force until revoked in writing me/us.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

*Community Trust Company is committed to protecting the personal information of our clients. Personal information obtained in the course of doing business with you is not collected, used or disclosed except in compliance with applicable provincial and federal legislation, including Personal Information Protection and Electronic Documents Act (PIPEDA).*