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AUTHORIZATION TO DISCLOSE INFORMATION

TO: HOME TRUST COMPANY

ATTN: _____ **DEPARTMENT:** _____

FROM: _____
Customer Name(s)

RE: _____
Account Type and Account Number

I/we hereby authorize Home 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: _____

Relationship with Customer: _____

Address: _____

Telephone Number: _____

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

Signed at _____ this ____ day of _____, 20__.

Client Signature

Client Signature