



AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

This document authorizes you to release to Agtegra Cooperative any and all information in your care, custody and control (including but not limited to: Balance Sheets, Crop Insurance information and APH Reports, FSA 156EZ Reports, Financial History and Current Loan Balances/Terms) concerning and undersigned to Agtegra Cooperative. It also authorizes Agtegra Cooperative to release any information regarding this loan and its application to any subordinating banks requesting such information. The undersigned hereby releases you and Agtegra Cooperative as the custodians of such records, both individually and collectively, from any and all liability for damages of whatever kind that may result because of compliance with this Authorization and Release Information.

It is expressly agreed that a photocopy of this Authorization shall be as valid as an original.

DATED THIS _____ DAY OF _____, 20_____

Applicant Signature

Applicant Signature

Full Name (Printed or Typed)

Full Name (Printed or Typed)

Address, City, State, Zip

Address, City, State, Zip

Social Security/Fed Tax ID

Social Security/Fed Tax ID