

TO: OFFICE OF TRUST FUNDS MANAGEMENT
FORT BELKNAP AGENCY

PLEASE FILL OUT THE FRONT ONLY!!!!

AUTHORIZATION TO RELEASE IIM ACCOUNT INFORMATION

(Please fill out front page ONLY)

I, _____, am requesting that the
(IIM ACCOUNT HOLDER)

information regarding my IIM Account indicated on page 2 of this document, be released to
THE FORT BELKNAP CREDIT DEPARTMENT - SHORT TERM LOAN PROGRAM
upon their request, on my behalf.

I am also authorizing that this release is to be in effect for a period of one year from the date of
my signature.

Account Holder Signature: _____

IIM Account Number: _____

Date: _____

Witnessed by: _____
(D.O.I. Employee)

TITLE: _____ DATE: _____

STATE OF: _____ COUNTY OF: _____

On this _____ day of _____, 20____

Personally appeared before me and signed the foregoing instrument. And I
acknowledge that he/she signed the same.

NOTARY SEAL:

NOTARY PUBLIC Signature

Printed Name of Notary Public

Residing at: _____

My Commission Expires: _____

PLEASE DO NOT FILL OUT THIS PAGE- FRONT ONLY!!!

Information to be released:

NAME ON IIM ACCOUNT: _____

OTHER NAMES USED: _____

IIM ACCOUNT NUMBER: _____

S.S. NUMBER: _____ D.O.B.: _____

ADDRESS: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

PRESENT IIM ACCOUNT TYPE & APPLICABLE

OPTIONAL CATERGORY: _____

BALANCE IN ACCOUNT: \$ _____

PAST YEAR'S LEASE INCOME IN IIM ACCOUNT: \$ _____

INFORMATION VERIFIED BY:

PRINTED NAME OF D.O.I. EMPLOYEE: _____

SIGNATURE: _____ DATE: _____